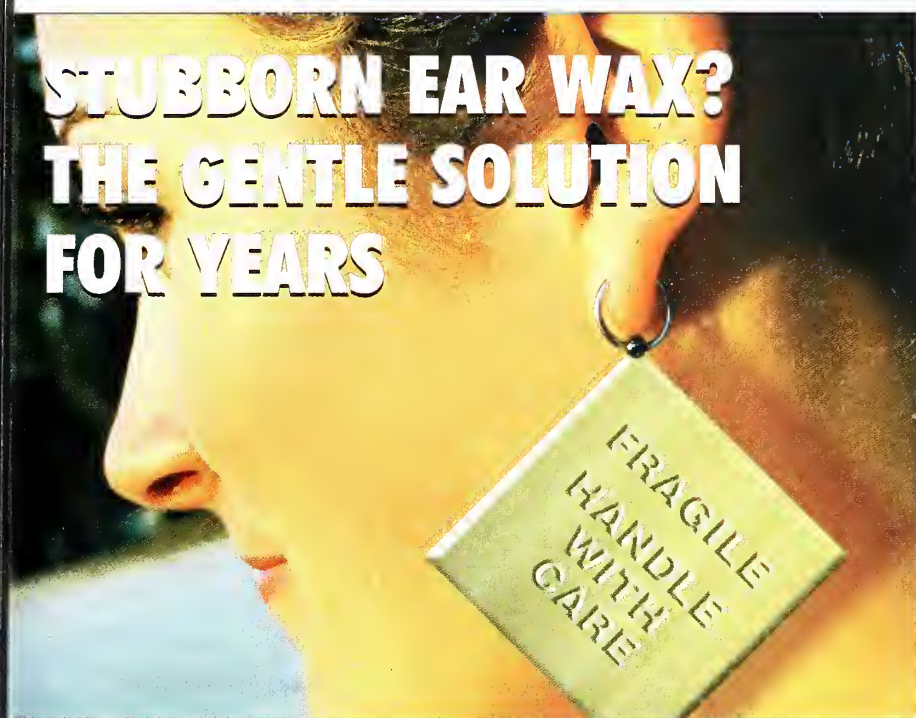




20 March 2004

STUBBORN EAR WAX? THE GENTLE SOLUTION FOR YEARS



For many years now, Cerumol has been coming to the aid of people with problems caused by excessive ear wax.

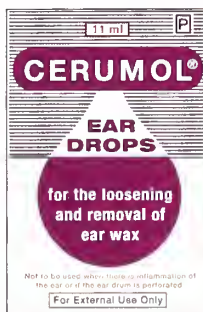
When wax builds up in the ears and especially when it becomes hard and impacted, deafness, ringing in the ears and earache can follow.

Cerumol's unique arachis oil formula gently and effectively penetrates deep into the ear to soften and loosen the wax. Often, the impacted ear wax will be softened

enough to make syringing unnecessary.

It's no wonder then that this formulation has been the ear wax treatment most widely prescribed by GPs up and down the country.

And it's available only from pharmacies.



Cerumol® Ear Drops

An arachis oil base containing paradichlorobenzene and chlorobutanol

Penetrate deep to ease out ear wax



Further information is available from: Laboratories for Applied Biology Ltd., 91 Amhurst Park, London N16 5DR. Tel: 020 8800 2252.
Cerumol® is a registered trade mark.



Big drop in violent attacks, PCC reports

Pharmacy role in chronic care plan unclear

NHS new drug spend vast, thinks public

Adamson sets sights on SSL's top three



CHOOSE THE NO.1 CHOOSE GAVISCON

Gaviscon isn't just the number one consumer choice¹ to relieve heartburn and indigestion. It's also the number one choice with pharmacists, as 8 out of 10 recommend it ahead of any other brand². And with good reason. Gaviscon is suitable for frequent and long-term use (even in pregnancy), is fast acting and has been tried and trusted for over 30 years. So next time you recommend heartburn and indigestion relief, make sure you choose the number one. Choose Gaviscon.



ESSENTIAL INFORMATION

GAVISCON 250

Active Ingredients: Sodium alginate Ph Eur 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide dried gel Ph Eur 50mg and magnesium trisilicate Ph Eur 12.5mg per tablet. Also contains sodium saccharin and xylitol. **Indications:** Heartburn and indigestion. **Dosage Instructions:** Chew thoroughly. Adults and children over 12: Two tablets as required. Children under 12: Not recommended. **Contraindications:** None known. **Precautions and Warnings:** Each tablet contains 1.02mmol (23.5mg) sodium. Caution in renal dysfunction and hypophosphataemia. **Side-Effects:** Very rare hypersensitivity reactions.

Retail Price: 32 tablets £3.69. 16 tablets £2.29. **Marketing Authorisation:** 0063/0027 – Gaviscon 250; 0063/0028 – Gaviscon 250 – lemon flavour. **Supply Classification:** GSL through registered pharmacies only. **Holder of Marketing Authorisation:** Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** March 2004.

LIQUID GAVISCON/GAVISCON LIQUID RELIEF

Active Ingredients: Sodium alginate Ph Eur 500mg, sodium bicarbonate Ph Eur 267mg and calcium carbonate Ph Eur 160mg per 10ml dose. Also contains methyl and propyl hydroxybenzoates and sodium saccharin. **Indications:** Liquid Gaviscon – Gastric reflux, reflux oesophagitis, heartburn, hiatus hernia, flatulence associated with gastric reflux, heartburn of pregnancy, all cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. Gaviscon Liquid Relief – Gastric reflux, heartburn, flatulence associated with gastric reflux, heartburn of pregnancy, and all cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage Instructions:** Liquid Gaviscon – Adults and children over 12: 10-20ml after meals and at bedtime. Children 6 to 12 years: 5-10ml after meals and bedtime. Children 2 to 6 years: Only on medical advice. Children under 2 years: Not recommended. Gaviscon Liquid Relief – Adults and children over 12: 10-20ml after meals and at bedtime. Children 6 to 12 years: 5-10ml after meals and at bedtime. Children under 6 years: Not recommended. **Contraindications:** None known. **Precautions and Warnings:** Each 10ml dose contains 6.2mmol (141mg) sodium. **Side-Effects:** Very rare hypersensitivity reactions. **Retail Price:** 150ml liquid £3.29. 300ml liquid £5.49. 600ml liquid £6.99. **Marketing Authorisation:** 0063/0031 – Liquid Gaviscon/Gaviscon Liquid Relief; 0063/0032 – Liquid Gaviscon – peppermint flavour/Gaviscon Liquid Relief peppermint flavour. **Supply Classification:** Liquid Gaviscon – GSL through registered pharmacies only. Gaviscon Liquid Relief – GSL through registered pharmacies only. **Holder of Marketing Authorisation:** Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** March 2004. Gaviscon and the sword are trademarks.



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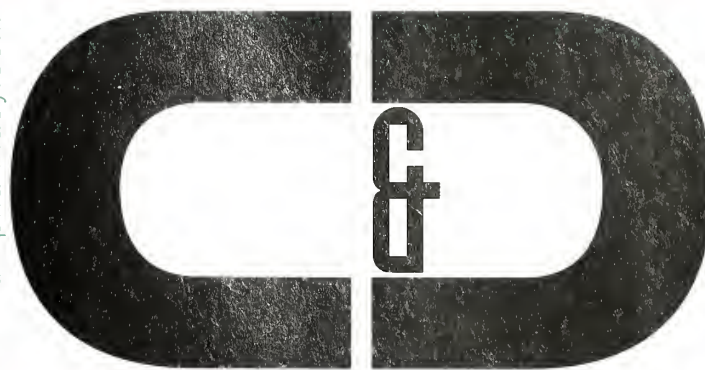
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**First NCC checking technician 9**

Karen Nugent, left, has become the National Co-operative Group's first checking technician after passing the NPA's course. She had to check about 1,000 prescription items without making any mistakes, and admitted: "It was hard work"

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Three quarters of the people quizzed in a survey thought the NHS spend on new medicines was far greater than the actual figure, and most wanted medicines to be a top priority for scientific research in Britain

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CMP

United Business Media

Safe scheme stopped violence in its tracks...

by **Fiona Salvage**

fsalvage@cmpinformation.com

A scheme to stop violence in Northern Ireland pharmacies has been "outstandingly successful" and significantly reduced the number of incidences.

Since community pharmacists fitted high specification time-delay safes nine months ago, reported incidences of violence and crime have fallen to zero, Pharmaceutical Contractors' Committee chief executive Terry Hannawin said.



Pharmacists were given a £1,000 grant to install the specific safe and the majority of the money came from the Northern

Ireland Department of Health, Social Services and Public Safety.

Incidents in pharmacies were occurring in Belfast daily, with some pharmacies targeted repeatedly, some up to three times a week, Mr Hannawin claimed.

High specification, time-delay safes were designed to store the majority of highly desirable stock such as hypnotics and painkillers and the pharmacist would be able to access the stock at certain time intervals to replenish the shelves, he explained. Signs are on prominent display to inform

potential miscreants of the time-delay safe and this approach seems to be working, Mr Hannawin said.

Pharmacies in England, Scotland and Wales would benefit too, he concluded.

A spokeswoman for the Scottish Executive Department of Health said it was unaware of the Northern Ireland scheme. She added that the Department had not been approached by SPGC, but if SPGC was interested in such a scheme the Department would consider it.

... but youths trash Essex pharmacy

An Essex pharmacy was "ransacked" by youths while planning permission problems had left the premises without shutters.

Youths broke into the Noak Bridge Pharmacy on the evening of March 3 and ransacked the entire shop and took drugs and even the till, explained pharmacist owner Biju Gandecha.

As Noak Bridge is in a conservation area, "we are having problems getting planning permission to put shutters up", Mr Gandecha said. "They even broke through the door which has 10mm laminate glass."

An "earthquake scene" is how the police described the premises after the incident, said Mr Gandecha, but thankfully the

computer and the CD cabinet were untouched, he added. His staff worked through Wednesday and Thursday nights to help him reopen the shop on the Friday.

Mr Gandecha is considering approaching his PCT for help to make the premises more secure, but was adamant that he had no intention of closing down. "I feel

very strongly that we provide an important community service as a large proportion of the local population are elderly and the nearest pharmacy is 2km away."

The local community have been very supportive, as has the local council, he said. This was the first major incident in the 12 years he has owned the pharmacy, he added.

Victim questions value of conflict training

A pharmacist who was threatened by a robber armed with a knife has suggested that funding for conflict resolution training for pharmacists could be better spent.

Harry Crook, who was confronted by a man brandishing a knife and demanding drugs, said that the "money might be better spent on an early warning system to alert the police. Training probably wouldn't help. Each situation would be so different," he argued.

A court heard last week how Stuart Latham threatened the counter staff at Mr Crook's pharmacy in Shotton, Flintshire. They alerted Mr Crook, who came down to confront Mr

Latham while his staff contacted the police. "I was trying to calm him down and stall him while I was waiting for the cavalry to arrive. They didn't. When he came at me with the knife I gave him the drugs," Mr Crook said.

Mr Latham stole four methadone ampoules. He pleaded guilty and was sentenced to five years at Mold Crown Court.

According to the *Evening Leader*, Judge Roger Dutton said: "Chemists are nowadays more and more subjected to this sort of behaviour by those who seek drugs. But when they are attacked in this way, they must know the courts will support them and deal with offenders properly."

Health minister backs pharmacy against violent attacks

Violence against pharmacists and other NHS staff is unacceptable and will not be tolerated, health minister Rosie Winterton has told *C&D* (see p16).

Pharmacists should be able to work in a safe environment and deliver patient care without the fear of attack, she said.

Highlighting the conflict resolution training launched to community pharmacists last week (*C&D*, March 13, p5), Ms Winterton said: "Working with the pharmaceutical profession, we intend to make pharmacies a



safer place to work."

NHS Security Management Service chief executive Jim Gee, speaking after a Commission for Health Improvement survey indicated that 15 per cent of NHS staff experienced

violence at work last year, said: "We take the problem of violence and aggression seriously and are determined to deliver an environment for those who use or work in the NHS, which is properly secure so that the highest possible standard of clinical care can be made available."



Aspirin reminder

It will be illegal to sell or supply from next month any aspirin products that do not bear the latest dosage warning, the MHRA has said. From April 1 aspirin products must carry the warning 'Do not give to children aged under 16 years, unless on the advice of a doctor' because of the rare but serious risk of Reye's Syndrome.

Scottish shortages

The following drug has been classed as a shortage for March, the SPGC has announced: pindolol tablets 5mg.

Pharmacy saves local GP surgery

A Scottish GP surgery has been given permission to run sessions from a local pharmacy after its own premises were deemed unsuitable.

Inverkeithing Medical Group's satellite premises in Aberdour did not comply with the Disability Discrimination Act but no suitable alternative could be found until it was realised that the consulting room at Aberdour Pharmacy would fit the bill.

NHS Fife spokesman Will Jameson said that services will be provided four days per week from the pharmacy. The surgery serves a population of over 2,000 in Aberdour village, residents of which have supported the move into the pharmacy.

Diploma updated

The Royal Pharmaceutical Society has updated its postgraduate diploma in veterinary pharmacy and its certificate in companion animal healthcare.

Course director Dr Michael Jepson said the revised course was aimed at pharmacists interested in increasing their knowledge of veterinary pharmacy and its public health application. Further information on the diploma, which costs £800, is available from the RPSGB's Veterinary Pharmacy Group (tel: 020 7572 2408).

Health awards

The Health Foundation is inviting research project applications from pharmacists through its *Leading Practice Through Research* scheme.

The charity will award health professionals with projects that will make a difference to the quality of patient care or the health of the population. Five grants will be made, and will run for a minimum of six months and a maximum of two years. Up to £150,000 will be awarded.

Potential role in chronic disease scheme?

It is unclear what role pharmacists might have in the specialist management teams being set up to care for people with chronic diseases.

Health secretary John Reid has launched a programme to establish case-management demonstration sites in each of the 28 strategic health authorities in England during 2004-05.

The teams will provide advice, care and treatment for chronic conditions such as asthma and diabetes, often cutting out the need to visit GPs and hospitals.

John Reid said: "The demonstration sites will introduce active management of high risk patients."

This co-ordinated care would aim to keep such patients healthy for longer, detect early changes in their condition and prevent unnecessary hospital admissions. If admissions did occur, the aim would be to facilitate safe, early discharge.

In the USA, case management schemes for the elderly have cut hospital admissions by up to 50

per cent, with a significant reduction in medications.

In the UK people with chronic conditions account for up to 80 per cent of GP consultations – around 180 million visits a year.

A Department of Health spokeswoman said that the Department was still deciding how much money to allocate to the sites and where they would be.

"We would envisage that pharmacists may be involved but we don't know yet," she said.

The National Pharmaceutical Association points out that community pharmacy has considerable potential for tackling the "chronic disease time-bomb" and there are already many examples of community pharmacy-based chronic disease management services.

The new contract would also provide a platform for such interventions with repeat prescribing, medicines management and supplementary prescribing.

Claire Jones, acting head of the

NPA's NHS Service Development, said: "A community pharmacist is likely to become the most frequent health professional contact for most people needing ongoing medication to control chronic conditions."

King's Fund chief executive Niall Dickson warned that the Government must tread carefully when cherry-picking ideas from the USA.

"The evidence remains unclear about how to identify the patients who could benefit most from case management," he said.

"We also need to be clear about what services should be offered... and how we can build the close working relationships between family doctors and clinicians in the community and in hospitals that are essential for making them work."

"It will be important to evaluate the impact on patients, their carers and on the use of health services."

For more information:
www.dh.gov.uk

Boots tells locums to get own PI insurance

Locum pharmacists who work at Boots The Chemists now have to provide their own indemnity insurance after the company said it would limit its policy to employees.

Boots deputy pharmacy superintendent Steve Churton said: "We regularly review the provision of professional indemnity arrangements for our pharmacists. Given the personal responsibility placed upon pharmacists to ensure that all activities they undertake are covered by indemnity arrangements, we consider it appropriate to limit provision to our employees."

"Last year we indicated our position on professional indemnity arrangements to our major locum suppliers so that arrangements could be made in good time for locums to obtain personal cover."

However, the NPA, which provides professional indemnity insurance via its Chemists' Defence Association subsidiary, said many other multiples were NPA members and as such any insurance cover would continue to be extended to locum pharmacists.

John Murphy, general manager of the Pharmacists' Defence Association, said: "There are many locums who do not carry their own insurance and the significance of it is only just hitting home."

Computing Which? targets online pharmacies

by Fiona Salvage

f.salvage@cmpinformation.com

The Government should get strict with internet pharmacies, said *Computing Which?* after it carried out an 'undercover investigation'.

Computing Which? claimed it bought prescription-only medications such as antidepressants and weight-loss drugs from internet pharmacies with minimal medical consultation. Two of the four websites were UK based, claimed *Computing Which?*.

Companies conducted questionable practices including failure to publish a company address, refusing to give refunds and not informing customers of their right to cancel an order, claimed *Computing Which?*.

Companies are advertising their products illegally and making invalid disclaimers against liability for personal injury or death, alleged the magazine.

"Around 10-15 allegations of illegal websites concerning pharmaceuticals are received by the Enforcement Group each

month... to date the Medicines and Healthcare products Regulatory Agency has had sites closed through voluntary compliances from Internet Service Providers (ISPs) and seven compliances by operators amending their website. It has achieved three successful prosecutions and 12 referrals to other governmental agencies or overseas enforcement bodies.

"There are further cases under investigation," said a spokeswoman for the MHRA.



Sabril action given the go-ahead

A group of patients claiming they suffered irreversible side effects after taking the anti-epilepsy drug Sabril (vigabatrin) (*C&D* Jan 17, p11) has been given permission to take legal action against the manufacturer.

Aventis Pharma legal director David Nicholls confirmed: "Some claims have been commenced and we are defending them." A group litigation order application was approved at a preliminary hearing at London's Royal Courts of Justice last month.

Solicitor Tim Roper of Plymouth law firm Wolferstans said 58 claimants had secured funding so far and he expected more before the cut-off date of May 14.

Questiontime

Sponsored by



UniChem

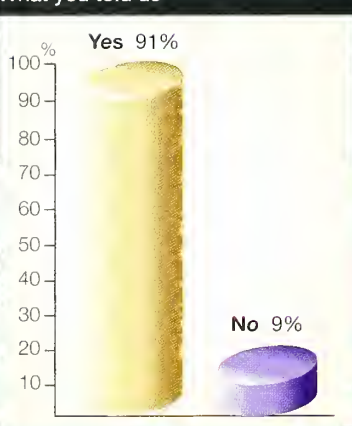
Last week we asked: "Do you believe the Scottish Executive's approach to control of entry regulations is one that should be adopted in England?" You replied (see right):

This week's question: If the Government is to spend money on improving security in pharmacies, where would the money be best spent?

- Conflict resolution training
- CCTV
- 'Panic button'/rapid response schemes
- Time-delay safes

You can record your vote on our website: www.dotpharmacy.com You have until noon on March 23 to cast your vote. We will publish the results in *C&D*, March 27.

What you told us



NHS guide launched

PSNC has launched a guide to the NHS for contractors and LPCs.

The NHS - A guide for community pharmacists explains the structures of the NHS; the roles and responsibilities of PCTs and strategic health authorities; and provides a digest of NHS policy, principles and legislation highlighting opportunities for pharmacists.

You've been asked again and again
for a heartburn treatment that offers
more effective relief.*

An expert panel just found it.



New guidelines for the management of gastroesophageal reflux disease (GORD) have been recommended by the American Gastroenterological Association (AGA) and endorsed by the British Gastroenterological Forum (BGF), an expert panel of gastroenterologists, GPs and pharmacists.

Both groups agree that the combination of an antacid and H2 antagonist offers more effective relief from heartburn symptoms, since the combination provides more rapid and sustained relief, than its constituent parts used alone.*

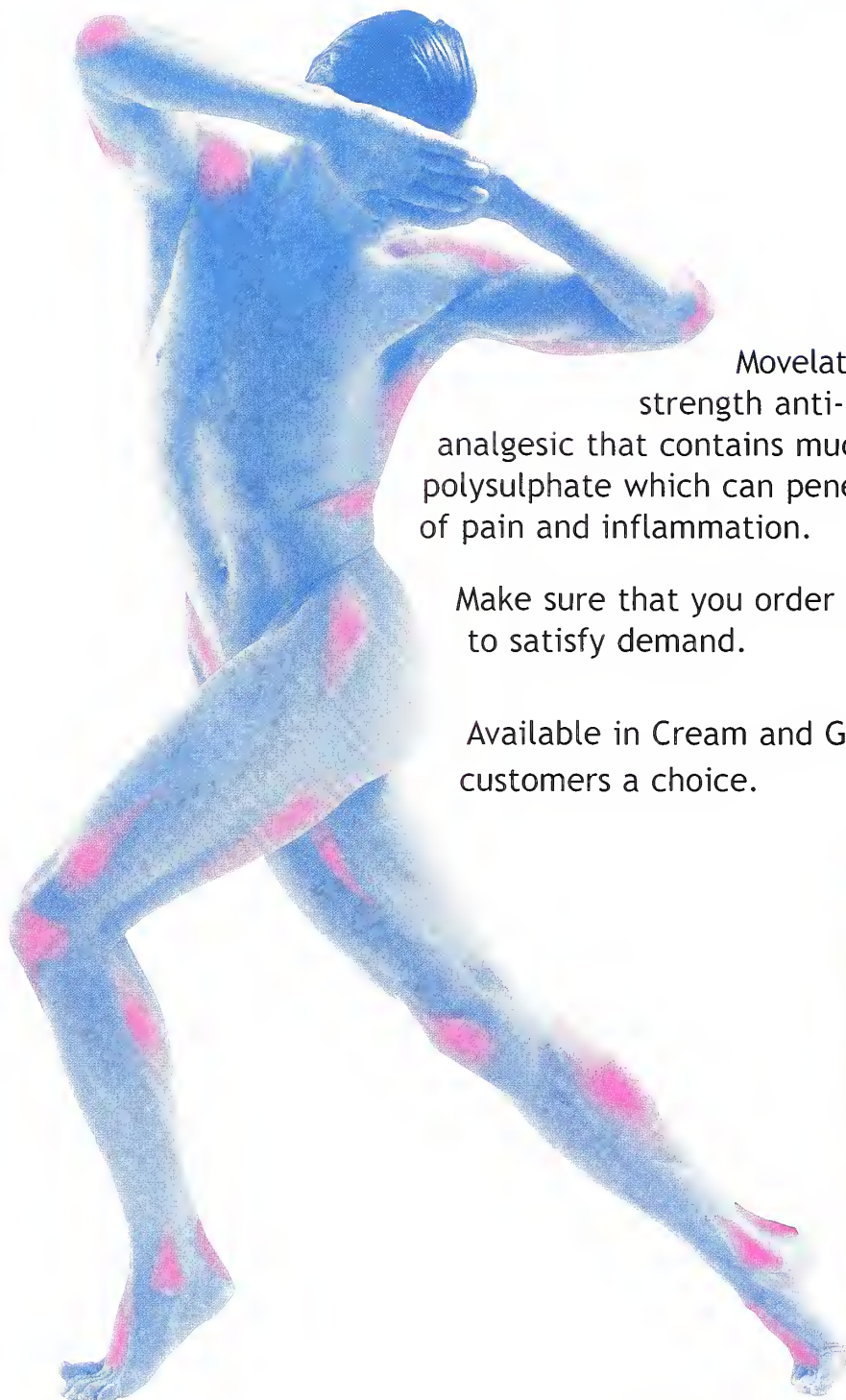
In the UK this unique heartburn treatment is available to pharmacists as Pepcidtwo. It is the only combination treatment to offer immediate and up to 12 hours relief from just one tablet.

For your copy of the BGF guidelines please call 020 7978 4115



Name: PEPCIDTWO, chewable tablet. **Presentation:** Rose coloured, round, flat chewable tablet containing famotidine 10mg, magnesium hydroxide 165mg and calcium carbonate 800mg. **Uses:** Short-term symptomatic relief of heartburn, indigestion or excess acid symptoms. **Dosage and Administration:** Adults and Adolescents over 16 years old: Chew one tablet thoroughly when symptoms occur. No more than 2 tablets to be taken in 24 hours. The maximum continuous treatment period is 6 days. Patients should not purchase a second pack without the advice of a pharmacist or doctor. **Contraindications:** Hypersensitivity to the active substances or any of the excipients. Medical advice should be sought in case of severe renal failure, severe hepatic impairment, patients with any other illness or taking any other medications, middle aged or older patients with digestive troubles occurring for the first time or if these symptoms have recently occurred in patients with unintended weight loss associated with dyspeptic symptoms. **Precautions:** Patients should seek medical advice in case of difficulty swallowing or persistent abdominal discomfort or if taking non-steroidal anti-inflammatory drugs especially the elderly. As Pepcidtwo contains sucrose and lactose, patients with fructose intolerance, glucose-galactose malabsorption syndrome, sucrose-isomaltase deficiency, lactase insufficiency or galactosaemia should not take this. **Side Effects:** headache, nausea, diarrhoea, dizziness, nervousness, flatulence, eructation, dry mouth, thirst, paraesthesia, abdominal distension, abdominal pain and taste perversion. **Legal category:** GSL. **PL Number:** PL 13249/0029. **Johnson & Johnson MSD Consumer Pharmaceuticals, High Wycombe HP10 9UF, UK. Package Quantities, Price:** 6 tablets, £2.25, 12 tablets, £3.85. **Date of Preparation:** May 2001. © is a registered trade mark. G Johnson & Johnson MSD.

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mucopolysaccharide polysulphate, salicylic acid

Movelat Relief Gel/Cream. ABBREVIATED PRODUCT INFORMATION. **Presentation:** Movelat, Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur 2.0% w/w in a white cream base. Movelat, Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat, Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat, Relief Cream: Two to six inches (5-15 cm) to be massaged into the affected area up to four times a day. Movelat, Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times a day. **Contra-indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Not to be used in patients with a known sensitivity to any active or inactive component of the formulation. **Pregnancy and lactation:** Not to be used during the first trimester or during late pregnancy. **Special warnings and precautions:** For external use only. The stated dose should not be exceeded. If the condition persists or worsens, consult a doctor. **Side Effects:** Allergic skin reactions may occur in individuals sensitive to salicylates. **Market Authorisation Holder:** Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks. HP7 9LP. **Market Authorisation Numbers:** PL 8265/0008 (Movelat, Cream/Relief Cream), PL 8265/0009 (Movelat, Gel/Relief Gel) **Legal category:** P. **Trade Price:** £4.11 per 80g tube, £2.59 per 40g tube. **Retail Price:** £7.20 per 80g tube, £4.53 per 40g tube. **Further information from:** Medical Information, Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks. HP7 9LP. **Date of preparation, API:** September 1997. **Date of revision, API:** February 2003. **Date of preparation, February 2004.**



MRF0403T SANKYO

Better protection from practitioners

by Gary Paragpuri

gparagpuri@cmpinformation.com

Scotland has put forward stronger measures to protect patients from NHS practitioners.

The proposals will strengthen the roles of NHS Boards and the disciplinary body, the NHS Tribunal, and will widen the checks currently carried out on family health practitioners, including community pharmacists.

Health minister Malcolm Ross said: "The vast majority of NHS practitioners work to very high standards. However, we need to ensure that in the rare cases where problems do arise, the first priority of the NHS is to protect patients and patient care."

He added: "The Harold Shipman case, the report of the Poorly Performing Doctors' Working group and the government's scrutiny of

prescription fraud have highlighted that there is still room for further improvements to be made."

Key measures identified in the consultation include:

- automatic refusal of entry to or removal from an NHS Board list for any family health service practitioner convicted of murder
- ensuring that practitioners disqualified from practising in one local health board cannot practice elsewhere in Scotland
- a further ground for disqualification by the NHS Tribunal known as 'unsuitability by reason of professional or personal conduct'.

Further Measures to Improve the Provision of Primary Care Services is available on the Scottish Executive's website. Comments should be sent by June 18.

For more information:
www.scotland.gov.uk



GSK bids for GSL Zovirax

GlaxoSmithKline Consumer Healthcare has applied to the Medicines and Healthcare products Regulatory Agency for a P to GSL switch for Zovirax cold sore cream (aciclovir 5 per cent).

The application states that the risks associated with product use

are "extremely low" and the risks associated with misuse "minimal". The manufacturer says this view is supported by the CSM as long as the patient information leaflet is amended to reflect the need to consult a doctor or pharmacist in certain situations.

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 **The Royal Bank of Scotland**

Public over-estimates NHS spend on new medicines

by Sasa Janković
sjankovic@cmi-information.com

Nearly three quarters of people believe that the NHS spends far more on innovative medicines than the 12 per cent it does.

According to a survey published by the Association of the British Pharmaceutical Industry, only 14 per cent of the 945 adults polled estimated the figure approximately correctly, while almost the same proportion (13 per cent) believed that it took up more than half the NHS budget.

"People will be astonished to discover that all the benefits they have come to associate with modern medicines are achieved at such relatively low cost to the NHS," said Dr Trevor Jones, director-general of the ABPI.

The survey also showed that while an overwhelming majority

of people want medicines to be a top priority for scientific research in Britain, 63 per cent do not know that this is already the case. The pharmaceutical industry funds about one third of the UK's industrial R&D, amounting to nearly £9 million every day. In fact, the UK is second only to the USA in discovering new treatments, and a quarter of the world's top 100 medicines originated here.

But there is overwhelming support for the Government taking more steps to help medicines research, and for it to encourage pharmaceutical companies to invest in the country. Both principles attracted about 90 per cent backing, with only 3 or 4 per cent of people disagreeing.

"People may not understand just how much effort actually goes into medicines research, but these

results make it clear that they do understand its importance," said Dr Jones.

Cancer is named by most people as the greatest threat to health. It is the disease for which 62 per cent of people would like a cure and 46 per cent of people are more afraid of contracting it than any other disease. It is also identified jointly with heart disease as the nation's biggest killer.

"Thanks to researchers working in Britain, including those in the pharmaceutical industry, our understanding of the various types of cancer has increased enormously over the past decade. The result is that cancer is no longer necessarily the death sentence that it used to be, and more advances are in the pipeline," said Dr Jones.

For more information:
www.abpi.org.uk

Novartis may bid for Aventis

Novartis has admitted that it is "exploring the feasibility of a combination with Aventis", fighting a £33 billion hostile bid for its Franco-German rival from Sanofi-Synthelabo.

However, it adds that "no decision has been taken yet whether or not to pursue such a transaction".

Arden distributes Imutest

Clinical Diagnostic Chemicals Ltd has appointed Arden Healthcare as exclusive UK distributor to the pharmacy sector of its Imutest range of home allergy testing kits.

Imutest is available from all major wholesalers and will be promoted throughout the pharmacy sector by the Frontline Division of the Miles Group. Each kit retails at £9.99.

For more information:
www.ardenhealthcare.com



Celltech sees profits grow

Celltech Group has announced pre-tax profits for the year ended December 31, 2003 up 4 per cent to £52.2 million.

Following Pfizer's return of the rights to CDP870, a new treatment for rheumatoid arthritis and Crohn's disease, Celltech says it has received "a large number of unsolicited licensing approaches from pharmaceutical and biotechnology companies", and is "currently in discussions with a view to securing a new

collaboration partner for CDP870 during the second quarter of 2004".

Chief executive Dr Goran Ando said: "The past year has seen good performances in Celltech's commercial operations and royalty income, coupled with exceptional progress in our early stage pipeline and the continued advancement of CDP870 development in rheumatoid arthritis and Crohn's disease."

GSK helps fund Centre

GlaxoSmithKline is contributing £28 million to a new Clinical Imaging Centre next to Hammersmith Hospital in West London, in collaboration with Imperial College London. Research will focus on cancer, stroke, neurological and psychiatric diseases.

The GSK Clinical Imaging Centre will use and advance the latest technologies in magnetic resonance imaging and positron emission tomography. GSK will

invest a further £16m in the latest PET and MRI imaging equipment. The Imaging Centre will be part of a new £60m research development by Imperial College, to be completed by 2006.

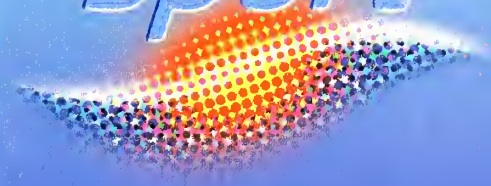
Dr Tachi Yamada, chairman of R&D, GSK, said: "Our investment further demonstrates GSK's continued commitment to medical research in the UK and will go a long way toward providing the tools we need to advance medicines more quickly."

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RANSOM



CONSUMER HEALTHCARE

SSL halts gloves and antiseptics business sale

by Sasa Janković

s.jankovic@cmpinformation.com

SSL International has pulled out of talks with its preferred bidder, thought to be 3i Group, for the sale of its surgical gloves and antiseptics business. It says it is now "engaged in active negotiation with another party" but warns that "proceeds may be lower than originally expected". Shares fell 4 per cent last week following the news.

However, it has exchanged contracts with Medlock Medical, backed by Apax Partners, for the sale of SSL's wound management

business for £55 million.

This is the second of SSL's four planned disposals following the disposal of the Marigold Industrial gloves business. Discussions on the sale of the Silipos gel business are also ongoing.

In a trading update, SSL said sales for the first five months of the second half have continued the trends reported for the first half of the year.

The Group expects full year sales, excluding industrial gloves, to be approximately £600m compared with £591m last year.

SSL chief executive Brian Buchan said: "The sale of the UK

wound management business takes us a step closer to repositioning SSL as a focused consumer company and we look forward to completing the remainder of the disposal programme to achieve that objective.

"We are pleased that the consumer business is continuing to perform satisfactorily through this period of extensive change. We remain confident in the potential of our portfolio of leading brands."

(See feature, p32)

For more information:

www.ssl-international.com

Vantage offers travel services

Vantage has launched two new travel services, Vantage TravelPak insurance and the Vantage ClineCall Global Medical Card.

So far, 120 Vantage pharmacists have signed up to the scheme to offer customers competitive travel insurance and medical advice cards.

Participating pharmacists earn commission payments from sales they generate, without any administration work, and receive a point of sale pack which includes posters and personalised leaflets.

Dr Mandeep Mudhar, AAH Pharmaceuticals' director of marketing, said: "This is an added-value service for pharmacists to offer their customers, as well as a means of generating revenue. After all, the pharmacy is an important port of call for many people when planning holidays."

Dr Mudhar claims the Vantage TravelPak Insurance offers competitive rates to customers, while Vantage ClineCall medical advice cards give cardholders unlimited freephone calls from over 30 countries to a team of registered English-speaking doctors and nurses in the UK.

For more information:

Tel: 02476 432000



Leaflet from NPA on rINNs

The NPA has produced a leaflet for members on medicinal products which now have recommended international non-proprietary names (rINNs).

The leaflet, in pads of 50, is designed to reassure patients that there have not been any changes to the medicines themselves. The leaflet also explains that the patient's medicine has been re-named in order to bring the UK into line with other European countries.

On the reverse of each leaflet is a list of the new names together with their former names.

Pharmacists can use the leaflet to highlight the old and new names of patients' medicines.

The name changes have been published in the July 2003 edition of the *British Pharmacopoeia* (BP) and product licences began to change over after December 1, 2003. All product licences should contain the rINN by December 2004.

PRESCRIBING INFORMATION

Amlodipine 5 mg Tablets/Amlodipine 10 mg Tablets Please refer to the full Summary of Product Characteristics for further information before prescribing. **Presentation:** Tablets containing 5 mg or 10 mg of amlodipine per tablet. **Uses:** (1) Essential hypertension; (2) Chronic stable and vasospastic angina pectoris. **Dosage and Administration:** Oral administration. Take with a glass of water independently from meals. **Adults:** For hypertension and angina pectoris, 5 mg once daily. If the desired therapeutic effect cannot be achieved within 2-4 weeks this dose may be increased to a maximum dose of 10 mg daily (as single dose). Amlodipine may be used either as monotherapy or in combination with other antihypertensive drugs in patients with angina. **Children:** Not recommended. **Renal Impairment:** Amlodipine can be used in the normal dosage. **Hepatic Impairment:** Administer with caution. **Elderly:** Normal dosage regimens recommended but increase dosage with care. **Contraindications:** Severe hypotension; shock, including cardiogenic shock; hypersensitivity to dihydropyridine derivatives, amlodipine or any of the excipients; heart failure after acute myocardial infarction (during the first 28 days); obstruction of the outflow-tract of the left ventricle (e.g. high grade aortic stenosis); unstable angina pectoris. **Special warnings and precautions for use:** Amlodipine should be administered with caution to patients with low cardiac reserve. There are no data to support the use of Amlodipine Tablets alone, during or within one month of myocardial infarction. The safety and efficacy of Amlodipine Tablets in hypertensive crisis is not established. In cardiac failure treat with caution. Amlodipine's half-life is prolonged in patients with impaired liver function. Amlodipine should be administered with caution in these patients. In the elderly, increase of the dosage should take place with care. Amlodipine should not be given to children due to insufficient clinical experience. **Interaction with other medicinal products and other forms of interaction** **CYP3A4 inhibitors & inducers:** Diltiazem has been shown to increase amlodipine plasma concentration (with increased effect) in elderly patients. No information is available on the effect of CYP3A4 inducers but co-administration may lead to reduced plasma levels of amlodipine. In clinical interaction studies grapefruit juice, cimetidine, aluminium/magnesium (antacid) and sildenafil did not affect the pharmacokinetics of amlodipine. **Effects of amlodipine on other medicinal products:** Amlodipine may potentiate the effect of other antihypertensive beta-adrenoceptor blocking agents, ACE-inhibitors, alpha 1-blockers and diuretics. In patients with an increased risk (for example after myocardial infarction) the combination of a calcium channel blocker with a beta-adrenoceptor blocking agent may lead to heart failure, to hypotension and to a (new) myocardial infarction. **Pregnancy and lactation:** Amlodipine should not be used during pregnancy unless clearly necessary. It is advised to stop breastfeeding during treatment with amlodipine. **Undesirable effects:** **Very common:** Ankle swelling; Common Headache, dizziness, fatigue, asthenia, palpitations, dyspnoea, abdominal pain, nausea, flushing with heat sensation. **Uncommon:** Gynaecomastia, sleep disorders, irritability, depression, paraesthesia, malaise, tremor, dry mouth, profuse perspiration, visual disturbances, tinnitus, syncope, tachycardia, chest pain, hypotension, vasculitis, coughing, vomiting, diarrhoea, constipation, gingival hyperplasia, exanthema, pruritus, urticaria, alopecia, skin discoloration, muscle cramps, back pain, myalgia, arthralgia, increased micturition frequency, impotence, increase of decrease of body weight. **Rare:** Confusion, mood changes (including anxiety), elevated liver enzymes, jaundice, hepatitis. **Very rare:** Thrombocytopenia, leukocytopenia, hyperglycemia, peripheral neuropathy, gastritis, pancreatitis, angioedema, allergic reactions. At the beginning of treatment headache and facial flushing with heat sensation, aggravation of angina pectoris may happen. Isolated cases of myocardial infarction, arrhythmias (including extrasystole, ventricular tachycardia, bradycardia and atrial arrhythmias) and chest pain have been reported in patients with coronary artery disease, but a clear association with amlodipine has not been established. Isolated cases of allergic reactions including pruritus, rash, angioedema and erythema exudativum multiforme, exfoliative dermatitis, Stevens-Johnson syndrome and Quincke's oedema have been reported. **Marketing Authorisation Number and basic NHS price:** Amlodipine 5 mg and 10 mg Tablets PLs 00530/0736 - 0737, blister packs of 28 tablets; 5 mg (£13.04), 10 mg (£19.47). **Marketing Authorisation Holder:** Norton Healthcare Ltd. (trading as IAVX Pharmaceuticals UK Ltd.), Royal Docks, London, E16 2QJ, UK. **Legal Category:** POM. **Date of Preparation:** February 2004.

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Negligence claim refuted by MHRA chief executive

by Asha Fowells

afowells@cmpinformation.com

The Medicines and Healthcare products Regulatory Agency has defended itself against the accusations of negligence over SSRIs directed at the body by MIND CEO Richard Brook.

MHRA chief executive Kent Woods said: "Mr Brook's sweeping accusations do not tally with reality. 'The MHRA is the only regulator in the world to have undertaken such a rigorous review of SSRIs, and has delivered advice backed up by clinical data at every stage.'"

Professor Wood's comments follow Mr Brook's resignation from the Committee on Safety of Medicines expert working group on SSRIs after last week's announcement on Seroxat dosing

(see p25). Mr Brook claimed that the MHRA should have publicised the fact that the clinical trial data issued had been available to the regulator for over a decade.

In his resignation letter, Mr Brook said: "Despite four major regulatory reviews during this period, the CSM failed to either communicate or identify these facts. The MHRA has not seen fit to acknowledge or address what appears to be extreme negligence."

Mr Brook has been a member of the SSRI working group since its formation in May 2003. MIND figures show that in 2003 17,000 patients were started on Seroxat at doses above the recommended maximum level of 20mg daily.

For more information:
www.mind.org.uk



Care home residents at risk from poor medication

Over 50 per cent of UK care homes do not meet medication standards, a standards commission report has revealed.

Some of the bad practice discovered in care homes included: medicines stored insecurely or at the wrong temperature; patients given the wrong medication; inadequate records kept of patients' medication and untrained staff inappropriately handling

medications, the report from the National Care Standards Commission found.

Care homes should consider involving pharmacists more in medicine management issues, the NCSC recommended.

The commission's pharmacy 'triggers', or prompts for pharmacy involvement, should be used to develop good practice in care home medicines management, the report added.

Audit Commission praise

The Audit Commission has published two reports detailing the progress made in primary care and giving examples of how PCTs have improved services.

The first report, *Quicker Treatment Closer to Home*, reviews how PCTs are redesigning referral pathways into consultant out-patient services. The second report, *Transforming Primary Care*, aims to help PCTs maximise the benefits of the new GMS contract. Areas of success highlighted include the

prescribing support and medicines management services provided by pharmacists and the move towards supplementary prescribing.

The National Association of Primary Care chairman Dr Peter Smith said: "This report recognises the increasingly important role of pharmacy in primary care. The future relies only on how far pharmacists are prepared to expand their role."

For more information:
www.audit-commission.gov.uk

Pharmacist restored

A pharmacist who was suspended after losing count of his Viagra supplies has been restored to the Register by the Statutory Committee.

Shirazali Panjawani, the owner

of S Jethro's Pharmacy in London's Golders Green, had been struck off in September 2001 for failing to keep accurate records of Viagra passing in and out of his pharmacy.

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Comment

from the Editor



Last week's question was: **Do you believe the Scottish Executive's approach to control of entry regulations is one that should be adopted in England?**

"Yes. Existing contractors should be more involved in deciding where more health services should be provided"

Anon, Darlington,
County Durham

"It is a better model than the one being considered in England, but the devil will be in the detail"

Ash Soni, London

"No, we all need to be treated equally"

Raymond Hall,
Hull

Over the past few months we have highlighted a number of incidents where pharmacies, and more significantly pharmacists and pharmacy staff, have been subject to violent and intimidating attacks.

Reader research (*p18*) shows that such incidents have happened at a fifth of pharmacies in the past two years. The figures also suggest that having had one attack already – whether a break-in or a raid – the pharmacy is likely to be the scene of another.

The commitment by the Government last week of support to tackle violence in the community pharmacy should be welcomed. And this week the health minister Rosie Winterton lends her support (*see below*).

Conflict resolution training certainly has a role to play, but the security measures installed in Northern Ireland's pharmacies, with the support of the DHSSPS, seem to have been a resounding success. Last year the Government made money available to equip pharmacies with time-delay safes, CCTV and a rapid response alert system. Nine months on, the number of incidents occurring in

pharmacies has dropped to zero.

Could this approach be adopted in the rest of the UK? It would be nice to think so, but the costs for equipping 12,000 pharmacies would be prohibitive. But with new contracts on the verge of introduction, this is the opportunity to provide the resources for pharmacies to upgrade their security.

So this week we are launching a campaign. We want to see measures taken to reduce the level of violence and intimidation that pharmacists and pharmacy staff are exposed to. We want better security and safety systems made available to community pharmacy, and for this to be supported with funding by the NHS.

Join us as we say "Stop Violence in Pharmacies."

Now is the time to provide resources for pharmacies to upgrade their security

Your views

MP Rosie Winterton spells out plans for protecting staff at work

Violence will not be tolerated

Violence against pharmacists and other NHS staff is unacceptable and will not be tolerated. Pharmacists should be able to work in a safe environment and deliver patient care without the fear of attack.

From April 2004 pharmacists will also be included in the new national reporting system for incidents of violence against staff. The new local security management specialists, who will be based in primary care trusts, will support the police in investigating such incidents. Until then, highly trained members of the NHS Counter Fraud and



Security Management Service operational teams will assume this role.

As part of the new NHS Security Management plan announced in December 2003 all frontline staff will be trained in conflict resolution, with training available to pharmacists from April 2004. Staff will be trained in how to recognise and diffuse potentially violent situations using non-physical intervention techniques. Pharmacists can book courses through their local pharmaceutical committees.

Working with the pharmaceutical profession, we intend to make pharmacies a safer place to work.

Nether regions get an airing

When Dr Chris Steele performed the first ever live TV testicular examination on the *Richard and Judy* show he received two complaints, one of which concerned poor reception in the Grampian area.

Taking great care in drawing screens around his male model despite 7.5 million viewers, he explained: "I didn't want to embarrass Judy." It was part of the men's health revolution.

In a similar vein I was invited to Dublin to perform the first ever testicular examination on radio. Ground breaking stuff here. With all the credibility of ventriloquism on wireless I launched into a discussion on Irish men's health and its contradiction in terms not unlike 'Railtrack Safety'.

Listeners rang in about various bits of their bodies lost in A&E departments or left hanging on railings after over-ambitious leaps. No mention of Alder Hay; they were quite sanguine that chunks of their anatomy were taken without consent and perfectly content to

Men can talk about health issues, now the professionals need to take up the challenge

tell the Celtic world of their loss.

By the time I came on air, half of the Irish radio listening population were walking around like John Wayne. With undeniable courage and bravado, the presenter downed trousers. Thankfully there was nothing dreadful to be found.

Ten years ago this would be unthinkable; Robbie Williams set the trend and now men can talk about health issues but the medical profession needs to take up the challenge. Having male receptionists, practice nurses and pharmacy assistants is just part of the gender-sensitive delivery of health services. Not embarrassing Judy may be less important than not embarrassing Joe Public.

Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

A sensible step forward for PIs

One of my original objections to the use of parallel imported medicines was the poor presentation to English speaking patients of packaging designed for non-English speaking countries. The patient could become confused, concerned and ultimately non-concordant. Then the Government included PIs in the discount inquiry and I have ever since had to balance my professional responsibility in encouraging concordance against the guaranteed financial loss I would make by using more expensive UK packs.

However, the presentation of PIs has improved over time and re-boxing by importers has been a major factor in improving consumer confidence. But this practice has not met with universal industry acceptance; some pharmaceutical companies have been more vigorous than others in attempting to prevent their drugs being openly traded within the European Union.

Now this last battle seems to have been won by the importers with the Court of Appeal ruling that re-boxing is a necessary process for parallel importers to access the British market (*C&D*, March 13, p10).

I am delighted because many manufacturers do seem to want their cake and eat it. They are keen on free trade when it suits their ability to penetrate markets but not when marketing policies adopted in one country in the EU are then used by others to compete elsewhere.

I look forward to a time when a level playing field of high quality drugs and their packaging for any licensed medicine allows me to freely buy in the market. But I would go one stage further: once the European Court of Justice has agreed the style of packaging the cheaper practice of continuing to over-label imported boxes should be stopped.

A pain in the wallet

Omeprazole has now been launched as a P branded medicine, 'Zanprol', by GlaxoSmithKline Consumer Healthcare, and as a drug entity for pharmacy-only sale I am enthusiastic. GSK is also producing a comprehensive range of pharmacist and medicines assistant training materials and is completing the whole package by consumer press advertising commencing in June and July.

So why do I still have nagging doubts over how enthusiastically Zanprol will be received by my customers? In a nutshell, price: £9.49 for 14 10mg

tablets is a hefty price to pay for the relief of chronic heartburn when most patients suffering recurrent severe symptoms will have in all probability already sought medical advice and Zanprol is unsuitable for acute attacks.

Then if I conscientiously apply the licence restrictions after four weeks I can no longer sell Zanprol to the same patient but must refer. There is a market for omeprazole and I will recommend its appropriate use but at this price and restricted licence I suspect it will be very limited initially.

Breaking the code

Now that generic prescribing has become a target in most GP's prescribing incentive schemes some prescriptions have become nonsensical. The other day I received a prescription for an all-silicone catheter with no brand or manufacturer name, just a code number. Twenty minutes later I solved the mystery. It was a Coloplast catheter marketed under the Simpla name but rather than feeling pleased I was fuming at such an unnecessary waste of my time.

Then there were the glucose testing strips, again prescribed with a code number but no name, the light liquid paraffin bath oil and the cream listed by percentage of ingredients. Of course, all these prescriptions were from the same surgery. How much easier to achieve generic prescribing targets by setting the surgery computer to default to generic descriptions regardless of the nonsense that is printed.





Violence

Road rage, air rage and now shopper rage; violence in the retail sector is increasingly making headlines. Saša Janković investigates violence in pharmacy

A new survey by the Commission for Health Improvement has revealed that one in six NHS staff has faced violence at work.

Over 200,000 NHS staff were surveyed, with 15 per cent reporting experiences of physical violence during the past 12 months, either from patients or their relatives.

To launch its campaign against violence in pharmacies, C&D conducted its own survey of 123 pharmacists selected randomly from our circulation database to find out how many of them have been victims of violence at work.

Twenty per cent said they or their pharmacy had experienced violent behaviour in the past two years, in the form of a break-in outside of opening hours.

Nineteen per cent had experienced a raid during daytime hours, while 28 per cent had been the victim of a customer getting threateningly abusive, verbally or physically.

Of those who said they had experienced break-ins, more than half have been a victim of one or more. Of those experiencing a daytime hold-up, 17 per cent had had more than one and 61 per cent had been victims of at least

one assault by a customer.

Seventy nine per cent of daytime raids involved damage to premises and stock, with 11 per cent of respondents in the Midlands and 18 per cent in the South East and East Anglia suffering assault as well.

Thankfully, 92 per cent of those who had experienced a break-in or a daytime raid had not been threatened with a firearm, although 25 per cent of respondents in Scotland had. However, 15 per cent had been threatened with another weapon.

Forty seven per cent of victims of damage to premises or stock reported the total cost of that damage over a two-year period exceeded £1,000, with 21 per cent of those facing costs of over £2,500. However, for 35 per cent, costs reached only £500.

Half reported their insurance premiums had increased as a result.

In cases of assault, customers were very unlikely to be hurt (3 per cent) but counter staff (34 per cent) and pharmacists themselves (32 per cent) bore the brunt of the assaults. Only five per cent of these attacks resulted

in the need for hospital treatment.

Sixty per cent of those who suffered an incidence of violence have taken steps to install or replace internal CCTV systems. Twenty three per cent have linked a panic button to a security service or the police and 13 per cent have invested in a new controlled drugs cabinet. Only 2 per cent have felt sufficiently under threat to employ security guards. Sixty two per cent have spent £1,000 and more on these security improvements, but only 4 per cent of these have received any kind of financial support towards this.

One of these is in Scotland, where PCTs have access to grants from a £2 million premises modernisation fund, although this money may disappear at the end of March when Scottish PCTs are dissolved.

Forty per cent of the perpetrators of violence in pharmacies were caught, with 37 per cent of these prosecuted.

Respondents said that the main reasons for the break-ins which they had experienced were to steal drugs (38 per cent), to steal stock (32 per cent) and to steal cash (30

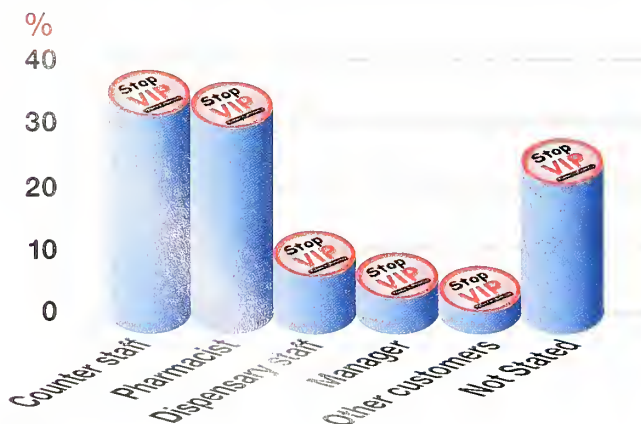
per cent). Daytime raids were conducted primarily to steal cash (40 per cent), then drugs (33 per cent), and stock (27 per cent).

The pharmacists surveyed claimed unprovoked shopper rage accounted for 20 per cent of all customer assaults, while 48 per cent resulted from shoplifting and 32 per cent were drug related.

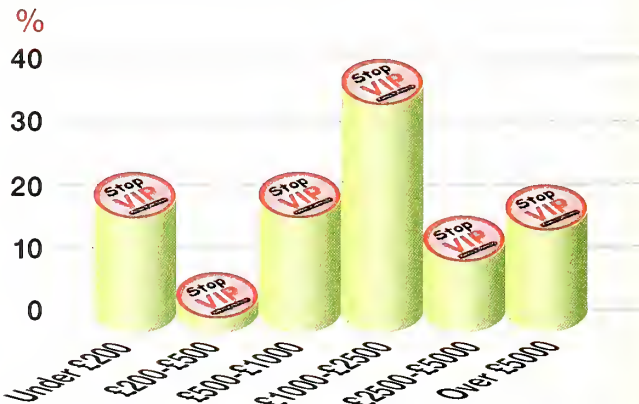
Almost one in six of those surveyed said they thought the frequency of criminal incidents affecting their pharmacy was generally increasing and 11 per cent said they accept it as "part of running a business". In fact, 18 per cent have considered selling up or leaving community pharmacy because of the violence they have suffered.

Five hundred retailers were drawn at random from the C&D circulation database and invited to join a Business Trends Survey panel sponsored by UniChem. In total, 123 pharmacists from England, Scotland, Northern Ireland and Wales were contacted by telephone to take part in this part of the survey on violence, a response rate of 24.6 per cent. Percentages may not add up to 100, as some respondents did not state opinions for all questions.

If you have experienced assault who was assaulted?



What has been the approximate cost to you?



in pharmacies

Violence in the workplace

The Health and Safety Executive defines work-related violence as "any incident in which a person is abused, threatened or assaulted in circumstances relating to their work".

Thankfully, the number of violent incidents experienced by workers in England and Wales is declining, according to the 2002/03 British Crime Survey published this month by the Home Office.

Workers in the protective services, such as the police, were most at risk of violence at work (14 per cent). Five per cent of those in the health and social welfare professions, including pharmacists and pharmacy managers, also experienced violence, a figure which the survey describes as a "relatively high risk".

Around 376,000 workers had experienced at least one incident of violence at work, 32 per cent fewer than the 1997 peak of 551,000.

The survey reports that incidents of workplace violence were more likely to take place during the week and were less likely to occur in the evening or at night than non-work related violent incidents.

Victims of actual or threatened

violence at work said that the offender was under the influence of alcohol in 31 per cent of incidents, and under the influence of drugs in 21 per cent of incidents. Thirty nine per cent of victims knew their assailant before the incident.

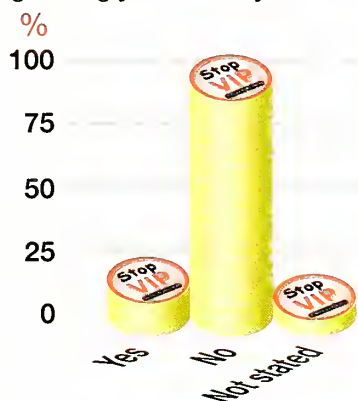
Twenty two per cent of workers who had contact with members of the public thought it very or fairly likely that they would be threatened at work in the next year. Sixty seven per cent said they had not received any form of training in how to deal with violent or threatening behaviour.

Just over two fifths of assaults at work resulted in some type of injury to the victim, though for most the injury was relatively minor.

A spokesman from the British Retail Consortium says petrol stations, convenience stores, off licences and pharmacies are the retail operations at highest risk of violence.

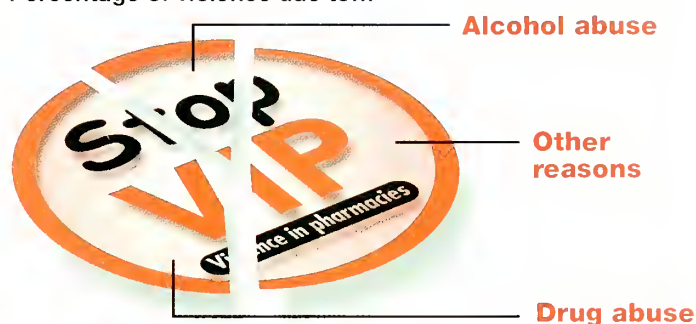
However, much can be done to minimise these risks. The BRC recommends alarms, bars, bolts, security lights and good quality door and window frames as a deterrent for burglars. When premises are open, they need to offer good vision around the store for staff, good lighting and CCTV.

Have you received any financial support towards strengthening your security measures?



Source: C&D Q4 2003 Business Trends Survey

Percentage of violence due to...



Causes of physical violence...



Source: BRC 2002

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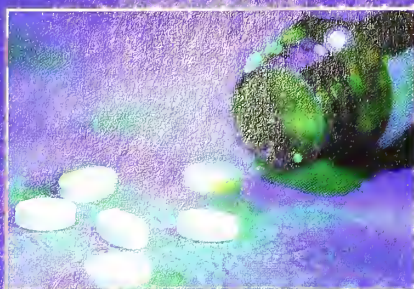
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For further information and transfer orders
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Further information is available from Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Pepcidtwo chewable indigestion tablets contain famotidine 10mg, magnesium hydroxide 165mg and calcium carbonate 800mg. Pepcidtwo chewable indigestion tablets are indicated for the short-term symptomatic relief of heartburn, indigestion or excess acid symptoms. Legal category: P. © denotes a registered trademark. © Johnson & Johnson MSD Consumer Pharmaceuticals. Code number PEP101



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People may ask their pharmacist whether to consult a GP about a suspicious skin lesion. *Dr Mike Wyndham* gives guidance

Suspicious spots

In the past decade, healthcare professionals have increased their efforts to make the public aware of their skin. The hazards of sunbathing have been clearly stated, particularly in relation to the development of skin cancer.

While non-melanoma skin cancer tends to affect older age groups, malignant melanoma may affect people of younger age and have a poor outcome if not detected and treated early (*C&D, Pharmacy Update, February 14*). The heightened public awareness regarding melanoma has resulted in an increased anxiety about pigmented skin lesions and a higher consultation rate for this problem in general practice.

Diagnosis can be made simpler by taking into account the patient's age and the site of the skin lesion or rash, for example malignant melanoma is rare before puberty. Actinic (solar) keratosis is most common in middle age or after and is usually found on sun-exposed areas.

While it would be unwise for pharmacists to make a definitive diagnosis when faced with a suspicious lesion (some lesions can defeat GPs and even dermatologists at first glance), this article aims to help pharmacists know what warrants instant referral and what needs referring with the reassurance that "it's probably nothing, but I would see the GP anyway".

Benign

Seborrhoeic wart

These usually develop in middle age and are pigmented. The colour may vary from a light to a dark brown and give an appearance of having been stuck on the skin. They may grow to a few centimetres in size. The surface may have a slightly greasy feel to it and be cracked. They are commonly found on the back and face. The fact that they grow and are pigmented provokes patients into believing they have a melanoma. The latter tends to be flat unless it ulcerates.

Keratoacanthoma

KAs develop on light-exposed skin of the middle-aged or older. The hands and face are common sites. The lesion grows rapidly up to a size of 2cm in six to eight weeks. This helps to differentiate it from the slower growing squamous cell carcinoma (SCC).

KAs are round with a central plug of keratin (hard skin). If left, the lesion will disappear on its own. However, because of its resemblance to an SCC, it will usually be removed. Histologically, it looks like an SCC and so the clinical diagnosis is important.



Seborrhoeic wart



Keratoacanthoma



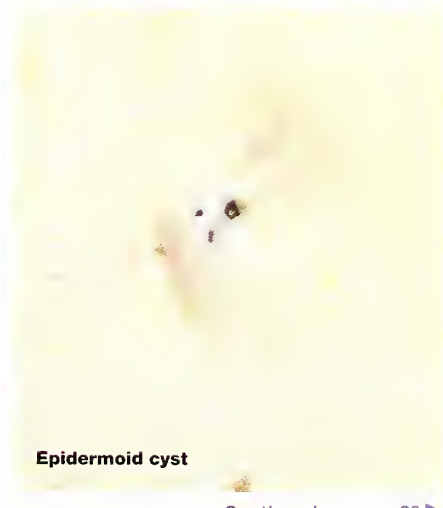
Dermatofibroma (histiocytoma)



Naevus sebaceous (scalp organoid naevus)



Pyogenic granuloma



Epidermoid cyst

Pictures supplied by Dr Mike Wyndham

Continued on page 22 ►

Dermatofibroma (histiocytoma)

These are round, firm, raised lesions that grow up to about 1cm in size and are described as nodular. They are usually found on the lower leg of women and may or may not be pigmented. The skin over the nodule is smooth. There is no requirement for excision unless there is some doubt about the diagnosis.

Naevus sebaceous (scalp organoid naevus)

In infancy, the skin has an orange colour and no hair grows on it. During puberty, the lesion may become raised and warty in appearance. The significance of this lesion is that 15 per cent may develop into basal cell carcinomas (BCC) in later life. It is probably best to excise these lesions after puberty.

Pyogenic granuloma

A pyogenic granuloma may develop after skin damage or infection and results from the excess development of blood vessels. The lesions have a round, raised, red appearance and may be several centimetres in size. They may bleed on contact. The surrounding skin is normal. Excision or curettage (scraping) are the treatments of choice.

Epidermoid cyst

These cysts are usually found in young adults and develop on the upper back, face and neck. They develop below the skin and may become infected. The overlying surface may have a dip or black mark visible. They can be happily left. However, if they become infected, the patient should have a course of antibiotics and arrange for removal at a later date when the infection has settled.

Blue naevus

People often worry that these are malignant melanoma because of their colour. However, despite being moles, they have a blue appearance as the melanocytes are more deeply placed in the skin. They grow up to 1cm in size and are commonly found on the hands, feet and buttocks. They are benign and do not require removal.

Compound naevus

The pigment is at the junction between the dermis and epidermis, resulting in a mole that is raised. However, the smooth outline and lack of other symptoms help to differentiate it from a malignant melanoma.

Halo naevus

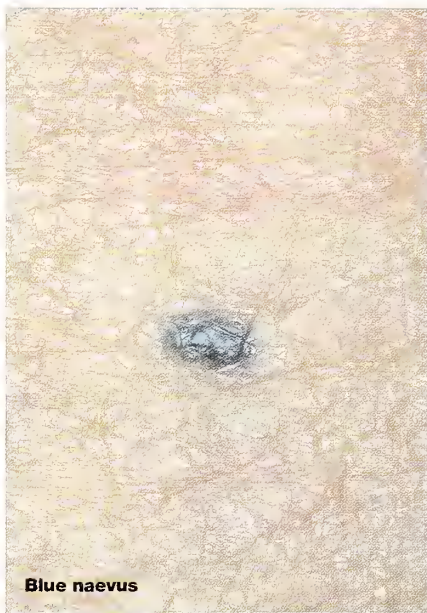
This is usually encountered in children and young adults. An area of de-pigmentation develops around a mole. Eventually, the whole mole may disappear, leaving a de-pigmented area. The skin may re-pigment later. The underlying pathology is thought to be an auto-immune response. No treatment is required.

Cutaneous horn

This should be considered a descriptive term as it is not a true dermatological condition. If the base is warty then it is probably a seborrhoeic wart; if it's red then it could be an actinic keratosis or squamous cell carcinoma.

Actinic (solar) keratosis

Actinic keratoses (also defined as cutaneous dysplasia of the epidermis) result from long-term exposure to ultraviolet light. They develop on exposed areas such as the face and hands in people over 40. They appear



Blue naevus



Compound naevus



Halo naevus



Cutaneous horn



Actinic (solar) keratosis



Porokeratosis

Continued on page 24 ►

Get ready to

their natural rhythm

With the launch of a £2 million national TV campaign, you'll notice that more and more customers are asking for Dulco-lax Tablets and Perles.

Across the country, people know that when constipation is making them feel bloated and sluggish, Dulco-lax Tablets and Perles offer gentle, predictable relief.

Make sure you've got what it takes to help restart your customers' natural rhythm. Stock up on Dulco-lax Tablets and Perles today – and don't forget, Dulco-lax Perles 20s will soon be available for self selection.



Dulco-lax®

Dulco-lax Tablets contain bisacodyl
Dulco-lax Perles contain sodium picosulfate

Dulco-lax Tablets & Perles: product information. **Active ingredient:** Tablets - bisacodyl 5mg, Perles - gelatin capsules containing 2.5mg sodium picosulfate as monohydrate. **Indication:** Short term relief of constipation. **Dose:** Adults and children over 10 years: One to two tablets, or two to four capsules, at night. Children under 10 years should not take Dulco-lax Tablets or Perles without medical advice. Children 4-10 years: One tablet, or one to two capsules, at night. Children under 4 years: not recommended. **Contraindications:** Intestinal obstruction, ileus, acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel diseases, hypersensitivity to bisacodyl (tablets) or sodium picosulfate (perles) or other component, and severe dehydration. **Precautions:** Not to be taken on a continuous daily basis for long periods. Prolonged excessive use may lead to electrolyte imbalance and hypokalaemia, and may precipitate onset of rebound constipation. Diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance. Antibiotics may reduce laxative action of the perles. Do not crush or chew the tablets, milk or antacids should not be taken within an hour before or after the tablets. Dulco-lax Tablets/Perles should not be taken in pregnancy, especially the first trimester, unless the expected benefit is thought to outweigh any possible risk to the foetus. Not recommended for breast-feeding mothers. **Side-effects:** Abdominal discomfort (abdominal pain or cramps), diarrhoea, allergic reactions, angio-oedema, and anaphylactoid reactions (tablets), skin reactions (perles) have been reported. **Product Licence Holder:** Boehringer Ingelheim Ltd, Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS. **Presentations and suggested retail price:** 10 tablets £1.19 or 20 tablets £1.99 PL 00015/0240 (GSL); 60 tablets £4.49 PL 00015/0241 (P); Perles 50 capsules £4.59 (P) or 20 capsules £2.99 (GSL) PL 00015/0254. For further product information please see summary of product characteristics. Prepared January 2004.

as reddish, rough, scaly patches. They are thought to have the potential to develop into squamous cell carcinomas, although this is probably low risk. Several treatments are available including: cryotherapy and topical 5-fluorouracil.

Porokeratosis

This manifests as an annular (ring shaped) lesion with a slightly raised, scaly edge and an atrophic (thin) skin. These may be confused with actinic keratoses but may be bigger. They usually occur on the lower leg of women. There is no real treatment. Fortunately, there is no malignant potential.

Bowen's disease

An early form of skin cancer, this condition manifests as a clearly defined patch with an irregular edge that is red and may be scaly. It is slow growing and usually develops on the lower leg, backs of hands or face of the middle-aged or older. It may be confused with psoriasis but it is unusual to have only one patch in psoriasis. It is considered to be a local cancer of the squamous epithelium, and rarely spreads elsewhere. Treatment includes cryotherapy, curettage or excision.

Basal cell carcinoma (rodent ulcer)

Basal cell carcinoma (BCC) is the most common malignancy in the white population. About 80 per cent occur on the head and neck. In recent years, more have occurred on the trunk area. There are four types:

- nodular/cystic;
- those growing superficially;
- morphoeic, where the edge of the lesion is not clearly demarcated; and
- pigmented.

The nodular variety is small, translucent and may have dilated fine blood vessels on its surface. BCCs are usually slow growing, but the morphoeic type is more aggressive. Treatment includes curettage or excision for the nodular and pigmented types. Radiotherapy may be used in elderly patients. Cryotherapy, 5-fluorouracil and photodynamic therapy may be used for superficial BCCs. Mohs' micrographic surgery is recommended for morphoeic tumours.

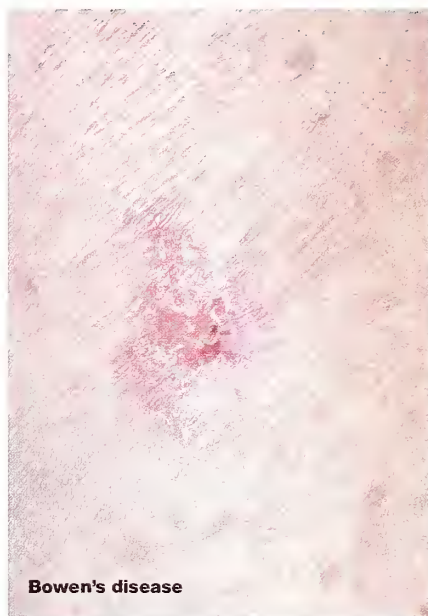
Squamous cell carcinoma

SCCs initially develop as a thickened area of skin that may become nodular. The lesion may crust or become ulcerated and have a thickened edge. They usually occur after the age of 60 and affect the lips, backs of hands, ears and face. Tumours greater than 4mm in depth and growing into the subcutaneous tissue are more likely to recur when compared with "smaller" lesions. The treatment must take these factors into account, particularly as the ear and lip are high risk areas for metastatic spread.

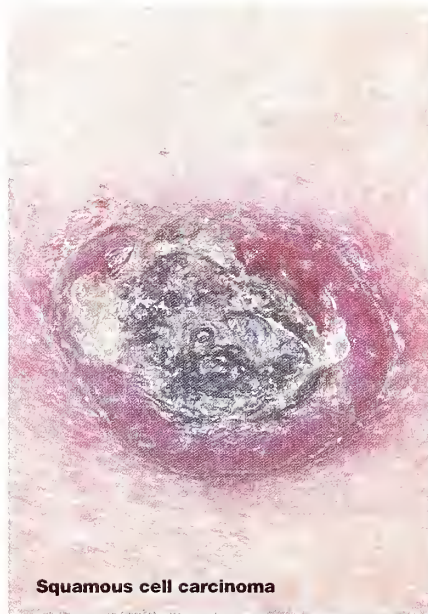
Malignant melanoma

Malignant melanoma, the most malignant of skin tumours, was covered in depth in *Pharmacy Update*, February 14. Characteristic features are a dark uneven colour with uneven edge and crusted surface.

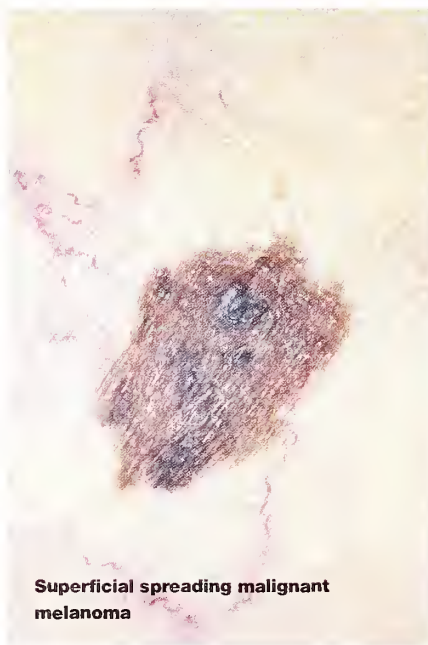
Mike Wyndham MB, BS, DRCOG, MRCCGP, is a former GP trainer and now joint course organiser for Barnet Hospital Vocational Training Scheme for General Practice. He is the scheme's educational lead for dermatology.



Bowen's disease



Squamous cell carcinoma



Superficial spreading malignant melanoma

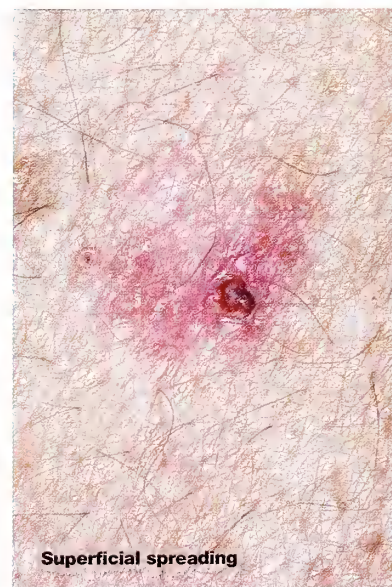
Basal cell carcinoma (rodent ulcer)



Morphoeic

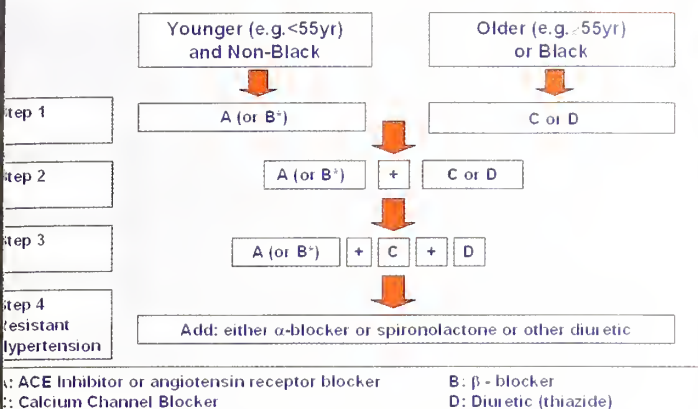


Nodulocystic



Superficial spreading

The British Hypertension Society recommendations for combining Blood Pressure Lowering drugs



Combination therapy involving B and D may induce more new onset diabetes compared with other combination therapies

Adapted from: 'Better blood pressure control: how to combine drugs' Journal of Human Hypertension (2003) 17, 91-96

The ABCD guidelines for treating hypertension

ABCD guide to treating hypertension

Revised guidelines for treating hypertension in primary and secondary care have been welcomed by a national charity. The ABCD guidelines, *see above*, written by the British Hypertension Society, are to be promoted to GPs by the Blood Pressure Association. Designed to be easy to follow A=ACE inhibitor, B=beta blocker, C=calcium channel blocker, D=diuretic), the guidelines offer prescribers treatment pathways for hypertensive patients irrespective of age or race. The guidelines also contain a warning against combining a beta blocker and a diuretic due to the increased risk of patients develop type 2 diabetes.

Blood Pressure Association chairman Professor Graham MacGregor said: "The ABCD treatment pathway offers a simple logical treatment for all patients with high blood pressure and will result in much better control of blood pressure."

Leicester GP Mike Mead said: "Treating hypertension means use of combination therapy and here the ABCD algorithm will be the pathway to follow to achieve those all-important targets. The ABCD algorithm now gives GPs and nurses the prescribing tool to meet the challenge of controlling hypertension."

For more information:

www.bpassoc.org.uk

Journal of Human Hypertension 2004; 18: 139-85

SSRIs affect unborn child

Women who take SSRIs during pregnancy could be harming their unborn child's brain, researchers in the USA have claimed.

Pregnant women who took SSRIs gave birth to babies with neurological behaviour disruptions such as tremors and affected sleep, despite achieving their full birthweight, a study published in *Pediatrics* suggested. The authors claim their results

contradict the belief that SSRIs taken during pregnancy have little effect on the unborn infant.

The study compared 17 infants who were exposed to SSRIs and 17 infants who were not. The mothers had used SSRIs including Cipramil, Prozac, Seroxat and Lustral, alone or in combination with another SSRI.

For more information:

Pediatrics 2004; 113: 398-75

Seroxat dosage warning

Healthcare professionals have been reminded of the correct starting dose for Seroxat (paroxetine) in the treatment of depression by the Government's medicines watchdog.

The correct starting dose for Seroxat in treating depression is 20mg per day, as stated in the SPC, the Committee on Safety of Medicines has warned. Higher doses for Seroxat are only licensed for treating obsessive compulsive disorder, for which the recommended dose is 40mg but patients should start on 20mg per day and increase dose by 10mg weekly, and panic disorder when patients should start on 10mg per day and titrate dose increases by weekly 10mg increments to 40mg per day.

These warnings came from a review of SSRIs conducted by the CSM, which has still to offer recommendations for other drugs in the class. Patients who are currently taking Seroxat for

depression at a daily dose higher than 20mg but do not feel unwell are advised by the CSM to consult their doctor at their next treatment review. Patients taking doses greater than 20mg who are also feeling unwell should consult their doctor, but on no account should they stop taking their medication suddenly as this can cause serious side effects.

Health minister Lord Warner said: "It's important to ensure that health professionals are reminded to follow the recommended safe dosage for patients receiving Seroxat for the first time so that patient safety is not compromised."

"The decision to issue this reminder was taken following a thorough review by the CSM of the available evidence, and will help to make sure that doctors and patients are able to choose the right treatment."

For more information:

www.mhra.gov.uk

The Holy Grail for smokers

For smokers delaying quitting because of weight worries, it seems that the Holy Grail may be here within a few years.

A drug that can help you give up smoking and lose weight at the same time is in phase 3 trials, announced Sanofi-Synthelabo at the American College of Cardiology congress.

Acomplia (rimonabant) is the first in a new class of selective CB1 blockers that work on the endocannabinoid system, which has three main pharmacological effects, claims the manufacturer.

The trial results suggest: it can aid patients with smoking cessation, without weight increase; it can treat obesity or excess weight linked to cardiovascular risk factors; and it can improve lipid and glucose profiles for obese patients with glucose metabolism anomaly or dyslipidemia.

Harvard Medical School associate professor of medicine Chris Cannon said: "These results appear to show that rimonabant could become an important agent in the management of cardiovascular risk in these patient populations."

Patients who took Acomplia 20mg were twice as likely to have quit smoking than patients



Soon it may be possible to give up smoking and lose weight too

randomised to the 10mg dose. Of those on the higher dose, 36.2 per cent were not smoking when they finished the trial, compared to 20.6 per cent for those on placebo. On average, patients lost 0.3kg on Acomplia 20mg (the highest dose in the study) compared to a 1.1kg weight gain for those taking placebo.

However, the treatment was not without side effects. Nausea and dizziness were the most common side effects reported. Phase 3 trials are expected to finish by the end of 2004.

ACE lowers mortality in diabetics with CHD

An ACE inhibitor can lower the combined risk of mortality and morbidity in diabetes patients with heart disease, a UK study has claimed.

The PERSUADE trial showed Coversyl (perindopril) can reduce the combined risk of cardiovascular death and heart attacks in diabetes patients with coronary heart disease by up to 19 per cent, claimed researchers at the American College of Cardiology congress.

Study chairman Professor Kim Fox from the Royal Brompton Hospital said: "The results of PERSUADE are good news for diabetics, since they demonstrate that perindopril 8mg once daily reduces the two major killers, myocardial infarction and heart failure, by about a quarter and a half respectively, despite appropriate use of other secondary preventive therapies."

For more information:

www.acc.org



Pharmacists effective in cutting cholesterol levels

Pharmacists who provided a six-month consultation service were able to lower patients' cholesterol levels by an average of 13 per cent, claim Canadian researchers.

In addition, a high proportion (84 per cent) of the patients stuck to their medication programme, which the authors suggest is another beneficial effect of the programme.

Initially, the 42 pharmacists were trained using an internet-based educational module and a workshop. They then approached potential candidates based on their known heart disease history

or use of market medications such as glyceryl trinitrate, oral diabetes treatments or insulin.

These patients were then invited to have their cholesterol levels checked by the pharmacist after fasting for eight to 10 hours previously. As a result of this, the pharmacist then sent details to the patient's GP of the results, the assessed risk factors, and recommendations for lifestyle changes.

Lead author Dr Ross Tsuyuki said: "Our study showed that an enhanced pharmacist care programme was associated with a

reduction in cholesterol levels ... pharmacists are well-trained and under-used, and with the well documented shortage of physicians in the country [Canada], turning to pharmacists is one way to help alleviate this problem."

The authors added: "In the context of primary healthcare reform, programmes such as this should be strongly considered, as they are community-based, accessible, multidisciplinary and effective."

For more information:

American Journal of Medicine 2004; 116: 130-3

Weight, ethnicity and addiction affects which NRT presentation is appropriate

Weight, nicotine dependency level and ethnic origin may affect which nicotine replacement therapy works best for smokers trying to quit, say researchers in the USA.

Smokers who had low to medium nicotine dependency, were not obese, or were white stayed off the cigarettes for longer with nicotine transdermal patches, the study found. Highly dependent smokers, obese or ethnic minority smokers remained abstinent for longer with nasal spray nicotine.

Nearly 300 healthy smokers who wanted to quit were included in the study, which was published in *Annals of Internal Medicine*. Thirty per cent of white smokers in the trial who used NRT patches were abstinent after six months compared to less than 20 per cent who used nasal sprays. The reverse was true for non-white smokers; 25 per cent abstinence for patches and more than 35 per cent for nasal sprays. Non-obese smokers showed better abstinence rates on patches

(about 33 per cent), as did those smokers with low to moderate dependency (about 34 per cent). Meanwhile obese smokers remained abstinent longer when they used nasal sprays (about 32 per cent), as did high dependency smokers (about 26 per cent).

Despite the study's limitations, it provides "an important step toward helping clinicians and patients individualise the choice of nicotine replacement therapy", claim the authors.

For more information:

Ann Intern Med 2004; 140: 426-33

NICE epilepsy guidelines for children's drugs

Children with epilepsy should be treated with older antiepileptics and monotherapy where possible, unless these medications are contraindicated, the UK clinical standards body has said.

Newer drugs – gabapentin, lamotrigine, oxcarbazepine, tiagabine, topiramate and vigabatrin – should only be used in children who have not responded to treatment with older epilepsy drugs, if there is a chance of reaction with other drugs (oral contraceptives), or if the child is currently of childbearing potential or is expected to require medication into her childbearing years, the National Institute for Clinical Excellence has advised in its final draft of the guidelines.

Stakeholders now have until March 29 to lodge any appeals against NICE's decision.

Children should be treated with monotherapy wherever possible and switched to a different single therapy before additional therapy is added. Adjunctive therapy should only be used when children are not seizure-free on single therapy. If this is not successful, NICE has advised that the treatment should revert to that which the child found most acceptable in terms of controlling seizure and side effect tolerability.

The risks and benefits of antiepileptic drugs should be discussed with girls of childbearing potential or those who are likely to need treatment into their childbearing years or their carers, NICE has recommended.

For more information:

www.nice.org.uk

Scriptlines

Solvazine change

Solvazine Effervescent Tablets is the new name for Solvazinc and the product has a new formulation, Provalis has announced.

Mannitol, povidone K25, sodium citrate and sodium carbonate anhydrous are now included in the formulation. The price remains unchanged.

For more information:

Provalis

Tel: 01244 288888



Radian B kicks off its sports range

Ransom Consumer Healthcare is introducing a sports range under the Radian B brand.

The Radian B Sports range combines products for the sports kit to help combat and treat muscular and other injuries.

Products include Muscle Lotion, Freeze Spray with peppermint oil, M-Doc Stop Bleed Spray (suitable for injuries sustained from harsh astro-turf and gravel pitches) and Sports Body Wash.

Radian B Sports Rub will be introduced into the range in September.

The launch will be supported by a £500,000 advertising campaign using the tag

line 'Your essential sports kit – Radian B prepared'.

Starting in April, advertising will appear in lifestyle press, specialist sports press, posters in gyms and online advertising.

In addition, the sports range will sponsor various sporting events and teams throughout 2004.

Price: Muscle Lotion (125ml) £3.49, Freeze Spray (125ml) £3.99, Stop Bleed (80ml) £5.25, Body Wash (300ml) £2.99

Chemist Brokers
Tel: 023 9222 2500

Triple action for low-carb diets

Seven Seas is launching a low carbohydrate supplement targeted at consumers on low-carb diets like the Atkins Diet and The South Beach Diet.

Seven Seas Low Carb Diet Support contains a triple action formula to help combat side effects associated with low carbohydrate diets which include bad breath, constipation and fatigue.

Each capsule contains a combination of vitamins to balance a carbohydrate restrictive diet and dietary fibre to help maintain regularity and prevent constipation. It also includes a peppermint and parsley breath freshener which provides a natural odour neutraliser to prevent bad breath.

Price: £4.99

Pack size: seven-day pack

Pip code: 302-0575

Seven Seas Health Care Ltd

Tel: 01482 375234



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ongoing investment in facilities, people and systems. This year will be no exception with even more investment designed to further improve the value of our specialist service to pharmacies and the NHS.

Frontshop

Witch hits the spot



De Witt is introducing an anti-bacterial concealer into the Witch facial skincare range.

Witch Hide & Clear Concealer is formulated to cover blemishes and tackle the causes of spots. It combines natural witch hazel with the antibacterial benefits of tea tree oil.

The product is available to pharmacies in a natural shade which can be used on its own or under foundation. It is presented in a sleek, silver applicator.

The Witch brand is being supported by a £3 million advertising and promotional campaign in 2004. The campaign includes TV, press, sampling and in-store activity.

Price: £4.99

Pip code: 304-1217

E C De Witt & Co Ltd

Tel: 01928 579029

TVnext week

Bonjela: C4, five, Sat

Califig: C4, Sat

Huggies: All areas

Kool 'n' Soothe: All areas except GTV, B, G, Y, CTV, TT, five

Kool 'n' Soothe Migraine: All areas except GTV, B, G, Y, CTV, TT, five

Pepcidtwo: All areas

Rennie Soft Chews: All areas

Sanatogen Gold: All areas

Senokot: Y, C4, five, GMTV, Sat

Simple Oil Control: five

Vagisil: All areas

PharmaSite for next week: NiQuitin CQ – window, NiQuitin CQ – in-store, Canesten Oral & Cream Duo – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Weleda takes to the mountains

Weleda is launching a new sun care range containing edelweiss extract in April.

The Edelweiss sun care range is formulated with edelweiss specially cultivated in Switzerland. Weleda says the properties that help edelweiss to survive exposure to intense UV radiation are also useful in protecting human skin.

The range comprises Sun Cream SPF20 (vegan), Sun Lotion SPF15 (vegan) and After Sun Lotion (vegetarian).

In addition to edelweiss, other ingredients include tocopherols (vitamin E), carotinoids and mineral UVA and UVB filters made from naturally occurring titanium dioxide and zinc oxide.

The products are scented with

natural essential oils including lavender, palmarosa, sandalwood, eucalyptus and ylang ylang.

All the products are free from artificial preservatives and parabens and come in recyclable packaging.

Edelweiss sun lotion won an innovation award at the BioFach 2004 eco trade fair in Germany last month where the new range was unveiled.

A launch parcel (trade price £38.10) will be available containing three of each product together with a poster for display in-store.

Price: sun cream £5.45 (50ml), sun lotion (200ml) £8.45, after sun lotion (200ml) £7.45

Weleda (UK) Ltd

Tel: 0115 9448200

Cold comfort from Biofreeze

Lanes is introducing a topical pain relief product that uses cold therapy to ease muscle pain.

Biofreeze contains menthol and llex (yerba mates, also known as Paraguay Tea). It is formulated to cool the affected area and relieve pain by reducing the blood supply to the area.

The product is suitable for the

pain associated with sports injuries and for easing arthritis, cramps, strains and backache.

Available in a tube or roll-on format, it is non greasy and stainless with no lingering odour.

Price: gel and roll-on £8.95

Pip code: gel 303-5938, roll-on 303-5920

G R Lane Health Products Ltd

Tel: 01452 507458

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For further info contact Novartis Consumer Health, Horsham, RH12 5AB

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For us mere mortals with just the single eye lid and possibly a touch of hayfever, Aller-eze eye drops will get to work immediately to relieve itchy, watery eyes

Tired commuters are Pharmaton's target audience

Pharmaton Capsules are being supported by a £1.3 million advertising campaign.


The advertising uses humour to communicate how daily fatigue can interrupt your life and hold you back from doing tasks.

'Shattered', 'knackered' and 'zonked' are the key words used to communicate the daily fatigue message.

Advertising is appearing in national newspapers, on London Underground 'tube cards' and poster sites designed to reach commuters, who have been identified as being one of the most 'fatigued' categories of the population.

For more information:

Boehringer Ingelheim Ltd
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Regaine tackles the cynics

Pfizer Consumer Healthcare is targeting men with a new press advertising campaign for Regaine hair loss treatment.

The advertising tackles the cynicism men have towards hair loss treatments. It claims that Regaine gives an 80 per cent chance of stopping hair loss.

It is estimated that seven million men in the UK suffer from hair loss, with 40 per cent likely to be affected by the time they are 35.

The campaign will appear in the men's press and health magazines from March until June.



For more information:

Pfizer Consumer Healthcare
Tel: 023 8064 1400

Panadol Actifast update

Following GSK's launch of a pharmacy-only 30 tablet pack of Panadol Actifast (C&D Mar 6, p26), Information Resources has issued the following clarification on its market data for the product: "In pharmacy, Panadol Actifast is in growth of 17 per cent although it is

not the fastest growing variant of any major pain relief brand (major pain relief brand defined as any brand with sales over £5 million in 4 w/e Dec 27, 2003)."

For more information:

GlaxoSmithKline Consumer Healthcare
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Pharmacy **FORUM**

Former England Rugby Union captain Martin Johnson is no stranger to glory; only last year he led the England squad to victory in the 2003 World Cup final held in Australia

He is also no stranger to injury, having had two operations to his left shoulder; two groin operations, a broken scaphoid in his right wrist and an Achilles injury during his 15-year sporting career.

But, Martin 'Johnno' Johnson is not alone in receiving a sporting injury. Current research suggests that in the UK alone there are around 29 million incidences of sport-related injury each year. Contact sports such as football and rugby top the casualty list but non-contact sports are also prime ways of gaining an injury. Annually, 85 per cent of regular badminton players and 21 per cent of walkers will at some point be set back by an injury¹.

Types of sports injuries

Sport-related injuries affect both the soft tissues and the bones, most commonly in the wrist, knee or ankle areas. They also fall into one of two types:

- **Acute injuries:** these occur suddenly, and are often related to lifting heavy loads or repeated stressful movements.
- **Chronic injuries:** these result over a much longer period of time and are a result of repeated low loads or persistent overuse of a structure, eg tennis elbow. Chronic injuries can also occur after a reinjury of an acute injury, due to an overload or insufficient healing time.

Physiotherapists believe that injuries are five times more likely to take place in a joint that has previously been injured².

Preventing injuries

Physiotherapists believe up to half of all injuries could have been avoided altogether – if preparation had been better³. Experts recommend that all sportsmen:

- make sure they are in good health and ideally, are fit enough for their chosen sport
- spend time warming up. This makes the muscles more flexible and less prone to overstretching
- check that all kit and the environment are in good condition and are suitable for the sport in question
- drink plenty of cool water or sports drinks, before, during and after sport
- build in a good cool down and stretch routine after exercising
- take it slowly. Any increases in activity should be carefully monitored.

Increasingly, professionals such as Martin Johnson are using strapping or supports as a preventative measure, something that Johnno refers to as 'pre-hab'. Taping and strapping is now endorsed at Government level in Australia as a way of preventing sporting injuries and to protect healing structures⁴. Research shows that 'pre-hab' can reduce the severity of a ligament injury and the chances of recurrent injury by as much as 75 per cent.

Treating sports injuries

Treating a sports injury is based on the principle of **RICE: Rest, Ice, Compression, Elevation** and there are commonly three stages in the process:

- **ONE:** To limit bleeding, swelling and to relieve pain, apply a cold treatment, either wrapped ice or spray, over the injury for around 15-30 minutes. This can be repeated every two hours, depending on the extent of the injury. Firmly – but not excessively

- apply compression to the affected area and elevate it possible to control bleeding and reduce swelling.
- **TWO:** After two to three days, and after seeking medical advice, light exercise can be resumed. The injured area should be supported with strapping.
- **THREE:** Continued strapping will help the rehabilitation process by preventing undesirable movement.



Which product?

Martin Johnson appreciates the benefits of elasticated or Neoprene-based supports due to the fact that they are reusable, washable and easy to use. There are a variety of products on the market that can help prevent injuries occurring or provide that all-important injury compression or support. These include:

Elasticated supports: Reusable and washable, elasticated supports are designed to support recently injured or healing tissue in a specific body area, usually the knee, wrist or ankle. The anatomical shape, for example, of knee supports, offers better individual fit, comfort and support to the muscles, ligaments and joints, and helps prevent the support from slipping. These are perfect for agility sports such as gymnastics.

Adjustable Neoprene supports: Reusable and washable and made from a skin-friendly material,

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Promotion

Elastoplast Sport – a winning solution

Endorsed by the National Sports Medical Institute (NSMI) **Elastoplast Sport** is a range of muscle and joint supports comprising traditional elasticated bandages, advanced Neoprene and strapping supports as well as a pain relieving cold spray.

Elastoplast Sport is centred around prevention, protection, support and rehabilitation, and offers a solution to the professional or amateur sports person seeking injury advice and help via the pharmacist.

Three adjustable supports, made from wetsuit technology Neoprene, help protect from further injury or re-injury by giving critical support to weak areas, plus keep muscles warm helping to relieve any pain. Choose from a **Knee Support** (£16.99), an **Ankle Support** (£14.99) and a **Wrist Support** (£12.99).

Elasticated supports compress joints to help prevent and protect against strains and sprains. They are re-usable and washable. The **Knee Support** (£8.59), comes in medium and large

sizes, and the **Ankle Support** (£9.99) and **Wrist Support** (£7.49) are both adjustable to fit most sizes.

Elasticated Adhesive Bandages (EABs) and a **Rigid Strapping Tape** complete the support range. The EABs provide compression and security during rigorous sporting activities yet allow controlled muscular movement. There are two sizes: 5cm x 3m (£4.79) and 7.5cm x 3m (£6.29).

The **Rigid Strapping Tape** limits excessive joint movement that can cause injury and provides support to joints during activity. Perfect for athletes or boxers who don't need great freedom of movement. It comes in one size 5cm x 10m (£7.49).

A **Cold Spray** applied immediately after injuries helps reduce pain and swelling with added soothing ingredient menthol. Its instant pain relief makes it a must for all sports kits and comes in a 125ml aerosol can (£4.49).

● Visit www.elastoplastsport.co.uk for more information.



Neoprene supports provide firmer support and compression than elasticated supports. Neoprene also retains muscular and joint heat, which helps relieve pain. These are also presented in anatomical variants, with adjustable Velcro fastenings, which make them easy to fit. Neoprene supports are ideal for sports which put joints under intense pressure such as racquet sports, skiing and football.

Martin Johnson says: "Supports are good because with tape, it takes a little bit longer to remove. Reusable supports, if used properly and at the right time, work extremely well. It's important that I am protected with a reliable product when I'm playing."

Elastic adhesive bandages. Single use, adhesive bandages can be used on a wide range of injury sites. They allow supported muscular movement and can be used both in the early stages of an injury or later in the recovery process. They can also be used in conjunction with strapping tape for additional support. They make a good choice for rugby or netball players who may need to make awkward movements.

Rigid strapping tape: Single use, adhesive rigid strapping tape is used to restrict joint movement, usually to prevent further injury and help joint recovery. It is not

suitable for supporting muscles. Rigid strapping tape is ideal for taping fingers, hands, thumbs and ankles.

Cold spray Like ice, a cold spray works by cooling the affected tissue in an injury, which reduces the amount of bleeding, inflammation and subsequent pain. Cold spray is particularly beneficial when treating minor soft tissue injuries such as bruises and strains and is more portable and convenient than ice.

References

1. Requa RK, Devilla LN, Garrick JK, 1993. Injuries in recreational adult fitness activities. *American Journal of Sports Injury* 21(3): 46-7.
2. McKay GD, Goldie PA, Payne WR, Oakes BW, 2001. Ankle injuries in basketball: injury related risk factors. *British Journal of Sports Medicine* 35(2): 103-8.
3. Article by Mike Banks, physiotherapist. www.elastoplastsport.co.uk
4. Commonwealth Dept. of Health and Family Services and Australian Institute of Health and Welfare. *National Health Priority Areas Report: Injury Prevention and Control* 1997.



Three into one...

... has proved the right formula for SSL International. Managing director Ian Adamson talks to Sarah Thackray about driving the company's consumer healthcare business forward

After several years of what Ian Adamson describes as "complex times", SSL International has emerged into 2004 with fresh optimism. "The company has started this year in good shape in its three core categories in the UK – Scholl, Durex and its OTC division," he says.

"We have focused on taking out the complexity within the organisation following two mergers in relatively quick succession at the end of the 1990s. These brought together three significant organisations in terms of size and complexity."

Seton Healthcare merged with Scholl in 1998 and a year later merged again with LIG. At the end of last year, the company sold the Marigold Industrial gloves business and is in the process of selling its medical division (Biogel surgical gloves plus infection control and wound management businesses).

"We are now able to really focus on driving the consumer healthcare brands within SSL," says Mr Adamson, who heads up a team of 140 people in the UK.

"I feel that there is a lot of mileage for each of the company's three core business areas. Over the last 18 months a lot of work has gone into new product development and innovation in order to drive new products through these categories."

Approximately 40 per cent of SSL's UK business now comes from the OTC category, with Durex and Scholl equally making up around 50 per cent (Marigold household gloves accounts for the remaining 10 per cent). Oral analgesics are SSL's best performing OTC category with three 'P' brands – Syndol, Cuprofen and Paramol.

Cuprofen Plus – a new Cuprofen variant containing ibuprofen and codeine – has just been launched and further extensions of analgesic brands are planned for the second half of 2004.

"Our greatest focus within OTC products this year is going to be in developing the head lice and analgesic categories," says Mr Adamson.

He is confident that the drive towards self-care and medication will benefit SSL and pharmacists.

"The self-medication drive from the industry as a whole and from government is going to benefit everybody, particularly pharmacists.

"The noise created by PAGB lobbying, government initiatives and advertising for OTC medicines on TV and radio have all helped the overall situation. The current atmosphere of self-care has helped consumers to become more relaxed and confident about self-medication. Consumers have become more comfortable about purchasing OTC medicines from the pharmacy rather than trying to get an appointment with their GP which can be a long wait."



Around 80 per cent of SSL's OTC portfolio is currently pharmacy-only. Is it likely to remain this way in the future?

"Yes, the majority of our OTC products will remain pharmacy-only although there may be an odd exception which would justify a GSL status. I still believe there is tremendous mileage for our OTC products within pharmacy. If we can combine two factors – pharmacy recommendation underpinned by strong advertising – we can bring people into pharmacy and drive the category forward by investing in an area where we think there will be a genuine response.

"We advertised Syndol on TV for the first time last year and this has been a tremendous success. We are still seeing 19 per cent year on year growth for this brand which is great for us and for pharmacy. The campaign was quirky and different and appealed to the target market."

"The company plans to spend around £4 million this year on TV advertising for three of its OTC brands – Meltus, Syndol and Full Marks. A further £6m will be equally split between a consumer advertising campaign for Durex and Scholl advertising in women's press and on posters. "The dynamics within the marketplace are changing," explains Mr Adamson.

"The days are gone when brands could just be put on the shelf and we waited to see who came into the pharmacy to buy them. There are certain categories where there is a loyal existing user base and there are other areas where it really is down to the manufacturers to drive the categories."

The first new Durex condom to be introduced in the UK this year is designed to provide sexual enhancement. Due to be launched in April, the Durex Pleasuremax condom is ribbed and dotted to maximise stimulation for partners. "Sexual enhancement is a way of getting people to overcome traditional misconceptions about condom use.

"Consumers at different life stages have different requirements from a condom. People in a stable relationship may be looking for more sexual enhancement than protection against sexually transmitted infections. Using the heritage of the Durex brand, we have recently moved into other associated categories such as lubricants. Durex Play is not like the traditional lubricants in the marketplace and this is a product area where our development is going to evolve over the next 12 months.

"Lubricants have tended to be more remedial than enhancing and we are trying to create a new category by developing the market. We are trying to 'destigmatise' condoms and bring some excitement and fun back into the whole category."

The Durex brand has around 84 per cent of the total condom market share and this figure is higher in independent pharmacies. The pharmacy is still seen by SSL as a key retailer for condom sales with 47 per cent of Durex sales going through pharmacies.

"There has recently been a shift in condom sales patterns. Pharmacies were seeing their share eroded over the last couple of years, particularly into the grocery sector. But over the last couple of months we have seen a resurgence in pharmacy," comments Mr Adamson.

"With more press articles about the massive increase in sexually transmitted diseases, the pharmacy is seen as a very important purchasing point for condoms. We are very active in the area of educating youngsters about unwanted pregnancies and sexually transmitted infections which are going through the roof in the UK. The pharmacy is probably the one retail environment where advice on sexual issues and protection can be given."

Scholl is another brand with strong roots in the pharmacy sector and Mr Adamson describes the footcare range as having been a sleeping giant for many years. "At the moment the Scholl range is huge and shopping the fixture can be quite confusing," he admits.

For this reason, the Scholl range is being completely relaunched and simplified in April with a reduction in the number of products where there is any duplication. Consistent new packaging has been designed to clearly communicate the product benefits.

SSL is currently developing a footcare training programme for pharmacy staff in an effort to raise the profile of footcare in pharmacy. "The challenge is to get people to look after their feet. I would love to

With a background in sales and marketing, Ian Adamson has worked in the healthcare industry since 1991 when he joined Seton Healthcare as director of marketing (medical and OTC products).

He was subsequently appointed as marketing director of Seton Scholl Consumer Division. In 1999, he took on the position of

marketing director for SSL following the Seton Scholl merger with LIG. He has been UK managing director for SSL's consumer division since 2001 and his role has now expanded to take on additional responsibilities as the company's md for Northern, Eastern and, most recently, Western Europe. He serves on the executive committee of PAGB.

see a footcare expert in all pharmacies – somebody who can speak with authority to people with footcare problems who really don't understand which products they should be using," says Mr Adamson.

"We are also trying to raise awareness of DVT with pharmacists and pharmacy assistants. If I'm brutally honest, we have not had the uptake right across independent pharmacies that we believed we would have for Scholl Flight Socks whereas multiples have seen the opportunity in this sector.

"Clearly with the interest in travel and flying, the publicity and scare stories about DVT, there is a need from the consumer perspective for a product that will help reduce the risk of flight-related DVT."

A move is also under way to redefine the image of Scholl among younger consumers. The launch of 'Party Feet' in last year's pre-Christmas party season was part of this strategy. The product evolved from the Scholl Ball of Feet Cushion but utilises new gel technology. These clear gel cushions are targeted at young women to help prevent pain in the balls of the feet resulting from wearing high-heeled shoes.

"The launch of Party Feet has been an outstanding success – I have been with this organisation for 13 years and this is probably one of our most successful product launches ever," enthuses Mr Adamson.

However, he stresses that Scholl is not abandoning its therapeutic image to go down the cosmetic route. "Historically, it was a limiting factor that Scholl was perceived as an older person's range. It was mainly remedial but over the last couple of years we have been building the position that says, 'Yes, we have products for you if you have problem feet but, equally important, we have products if you have healthy feet and legs'.

"With products like Party Feet we are trying to bring a new, younger audience into Scholl to broaden the appeal of the brand."

The athlete's foot and foot odour categories are both growing and SSL plans to revitalise

these categories with new technology and new propositions to the consumer. Mr Adamson has no current plans to acquire any new brands or dispose of any existing OTC brands. "The formula is relatively simple – understand the consumer, have advertising that works and new product development relevant to the brand. If you get those three aspects right, then you don't really need to look too far from home for success and growth."

Mr Adamson's responsibilities have recently expanded to take charge of operating units throughout Northern, Eastern and Western Europe.

"I spend most of my time on a plane or train somewhere. In the last 18 months I have travelled significantly, spending a lot of time away from base. The UK business is the biggest and accounts for 27 per cent of our consumer business in Europe."

He says the real challenge in Europe is to try and get the levels of growth that SSL is getting in the UK and to "cherry pick" the areas with the most significant growth. SSL's OTC brands are almost exclusively sold in the UK and Mr Adamson has no plans to change that at present. However, he is keen to maximise on the "significant growth potential for condoms and footcare products in Central and Eastern Europe".

His goal for the UK is to build strong growth in the company's three core categories. "If I can focus my team on developing organic growth in all three categories then I think the future for our brands is really quite exciting." ☺

Alternatives to HRT

Following last week's feature on HRT, Professor Edzard Ernst looks at some alternative remedies for menopausal symptoms

The recent "bad news" on hormone replacement therapy (HRT) will encourage thousands of women to look for alternatives. Health writers across the country have already started praising the benefits of natural approaches to beating menopausal problems. This could lead to more confusion than clarity and pharmacists are likely to be bombarded with questions from unsettled women.

It is important to stress what research on conventional HRT has shown over and over again. Women who received mere placebos in placebo-controlled trials experienced remarkable improvements in their symptoms. This does not mean that they had only imagined their complaints in

the first place. But it reminds us of the power of mind over body. It also means we need rigorous placebo-controlled trials if we want to make sure that a natural remedy is more than a placebo.

Which alternative treatments have been submitted to proper clinical trials and what do the results show? The trial evidence has recently been summarised, and the following discussion is based to a large extent on this summary.¹

Perhaps surprisingly, acupuncture has been investigated in this way and the findings were encouraging. Symptoms like hot flushes did not disappear totally but they were significantly reduced. As acupuncture is

also quite safe when practised by trained professionals, this alternative might be worth a try.

Many complementary therapies are intensely relaxing and there is good evidence that relaxation training can reduce the frequency and severity of hot flushes. The therapies supported by the best data in this respect are muscle relaxation and biofeedback.

There is only one small study of osteopathy. Its results suggested positive effects on menopausal symptoms like depression and hot flushes. But one small trial is never sufficient to allow firm conclusions about the effectiveness of the therapy.

Herbal remedies

The most exciting evidence by far relates to herbal and other food supplements. Three remedies with the most promising evidence are black cohosh, red clover and soy (see panel).

Numerous trials suggest that these 'phytoestrogens', ie hormones from plants, can reduce menopausal problems almost as effectively as conventional HRT. Many of these studies are of good methodological quality. But the results are not uniform – some trials fail to show such effects and others are too flawed to be conclusive. In total, the evidence is nowhere near as strong as that for conventional HRT.

The evidence for evening

Promotion

Backing a winner

Health Perception's **BackOsamine** is now joining forces with the charity, BackCare, to launch a telephone helpline. The helpline is ideal for back problem sufferers, offering advice for those who are:

- Looking for ways to cope with chronic pain;
- In need of safe exercises for bad backs;
- Not sure about rights at work;
- Wondering about complimentary therapies for back pain;



- Concerned at the prospect of having spinal surgery.

BackOsamine's powerful combination of natural ingredients have been specifically chosen to help joint mobility. In addition to glucosamine sulphate and chondroitin sulphate, which are both recognised for their roles in joint health, the formulation is further enhanced with the inclusion of bromelain and turmeric – two ingredients which are thought to have anti-

inflammatory properties.

Each **BackOsamine** tablet contains 250mg sodium-free glucosamine sulphate, 50mg chondroitin sulphate, 200mg bromelain, 165mg turmeric providing curcumin and 100mg vitamin C. A pack of 60 tablets retails for £9.99. Further information on the company and its portfolio of products is available from Health Perception UK, Unit 12, Lakeside Business Park, Sandhurst, Berkshire SL6 6ES. Tel: 01252 861454 or via the website at www.health-perception.co.uk

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Common name (Latin name)	Number of RCTs	Main results	Conclusion*
Black cohosh (<i>Cimicifuga racemosa</i>)	4	All studies suggest efficacy, many methodological weaknesses	"...efficacy...has not been convincingly demonstrated"
Red clover (<i>Trifolium pratense</i>)	11	Frequency of hot flushes reduced by 1.5 per day on average	"There is evidence for a small beneficial effect"
Soy products	4	Majority of trial data was positive	data is encouraging but not compelling

Since the publication of this summary, more trial data has emerged but the overall conclusion is still valid.

primrose oil is on balance negative even though it is widely used to treat menopausal symptoms.

And there are many other unanswered questions. Even if these supplements prove to be effective, will they not result in similar unwanted effects as those of HRT? Specifically, will they increase the risk of breast cancer or cardiovascular disease? Clearly the body has no way of telling whether the oestrogen women take comes from a pharmaceutical factory or from a plant.

We also don't know yet whether the alternatives have any impact on the more long-term problems following menopause like osteoporosis, while we are fairly certain that HRT delays osteoporosis. Unless we conduct long-term studies on supplements we will not find out. Integration of these approaches into medical routine, as suggested by the currently vocal movement of 'integrated medicine', would be misguided at this stage. It would imply add to the uncertainty and might prevent us from tackling these urgent questions with rigorous research.

Collectively the evidence tells us that none of the "alternatives" will reduce menopausal symptoms as reliably as conventional HRT. It therefore remains the best short-

term treatment for hot flushes and other symptoms of the menopause.

Women who are strongly opposed to conventional HRT might try those alternatives which are backed up by at least some evidence. Again, this is only advisable as a short-term solution ie months rather than years. To prevent osteoporosis, a good option is not drug-based but relates to a sensible lifestyle. For instance, regular physical exercise probably generates more overall benefits than all the herbal or hormonal pills put together. ☺

References:

1. Ernst E, Pittler MH, Stevinson C, White AR. The desktop guide to complementary and alternative medicine. Edinburgh; Mosby, 2001.
2. Borrelli F, Ernst E. *Cimicifuga racemosa*: a systematic review of its clinical efficacy. *Eur J Clin* 2002; 58: 235-41.
3. Thompson Coon J, Pittler MH, Ernst E. The role of red clover isoflavones in women's reproductive health. (submitted for publication) 2003.

Professor Edzard Ernst teaches at the Peninsula Medical School of Complementary Medicine at the Universities of Plymouth and Exeter.



A high price to pay

The student fees debate is far from over and could impact on pharmacy training and the workforce, argues BPSA president Elizabeth Doran

In January the Government narrowly won its proposal to introduce 'top up fees' for higher education in England. This has opened up what promises to be a long and involved debate about payment for university places and the impact this will have on the standard of graduates in the future. It has also caused concern among existing pharmacy students, who are apprehensive about how it will affect pharmacy courses and undergraduates over the coming years.

Currently, pharmacy students are paying a basic tuition fee in the region of £1,200 a year towards their degrees, and with a four-year course many are graduating from university with a debt already in excess of the national average of £11,000. While many students are able to help support themselves through university with part-time jobs, a pharmacy student with hours of lectures and laboratory work, plus self-directed learning, finds it increasingly difficult to do so.

Introduction of the basic fee in 1998 left many students of my graduating year deciding between pre-registration placements and first jobs based on the wage packet rather than any relative career benefits. Previously, students could opt to defer making their student loan repayments for at least a year after graduating, but for students who commenced degrees in or since 1998, this option is no longer available. This means that repayments are taken during the pre-registration year.

Although pre-registration salaries make graduates eligible to make repayments (being over the £10,000 threshold), many, especially in London or in secondary care, find that their payments barely cover the interest. In addition, many graduates are finding it difficult to maintain basic living standards when coupled with other financial commitments, such as paying off overdrafts.

With such large variation between salaries in the NHS compared with (and among) community-based employers, and lucrative locum rates, this obviously must have impacted on recruitment over the last two years.

The reduction in the number of available pre-registration places, coupled with an increased undergraduate intake also means that over the next few years some students may be graduating with debts that they have no immediate means of repaying. With increased fees of up to £3,000 a year for the more popular courses, of which pharmacy is one, this situation can only get worse.

At the very least, students will be more wage conscious when choosing their first placements, but more crucially the demographics of the undergraduate population may also be



severely affected. While the ambitious, blithe or rich may be less concerned about the impact of a huge debt post-qualification, most students, particularly those from less well-off families, will have to seriously reconsider taking a university place.

Although pharmacy is a financially rewarding and relatively secure profession, the prospect of carrying a debt of such magnitude (estimated to be in the region of £30,000) into your early 30s is a daunting one. This could mean that rather than taking out a loan, people decide not to apply to university all together, and pharmacy will miss out on hundreds of potentially brilliant graduates who could have added significantly to the profession at a time when it is

undergoing such exciting and revolutionary changes.

The concerns over standards of pharmacist recruitment are not the only reservations about the introduction of top-up fees. It is important to ask whether or not this funding will actually benefit the institutions concerned. Estimates put the income from the proposed fees at £1.5 billion a year, which is not a large proportion of the higher education budget and is certainly not enough to fund the Government's planned expansion pledges. Nor does it significantly contribute towards the £9bn deficit that has resulted from years of chronic underfunding. It is likely that much will be redistributed as bursaries or swallowed up by the inevitable bureaucracy surrounding the system. Will students paying these fees actually be paying for their tuition, or even benefiting their institutions?

"Pharmacy will miss out on hundreds of potentially brilliant graduates"

Movement of students and academics within the home countries must also be considered. As the fees system will not apply to Scotland, it is likely that the Scottish universities will be inundated with applications, making it more competitive and putting increased pressure on the schools concerned. Also, with the hoped-for improvement in teaching facilities and wages will there be a "brain drain" of lecturers and research to the more affluent fee-charging universities? These possibilities would severely affect the standard

of pharmacy undergraduates and their education across the country.

In all, top-up fees are going to impact on higher education significantly, and although the application of, and resource options for the funding has not been decided, it is likely to have an effect on the career choices made by pharmacy graduates. It will have a definite and potentially detrimental influence on pharmacy training in the future, but more importantly it is likely to have a serious effect on the profession as a whole.

Elizabeth Doran is president of the British Pharmaceutical Students' Association and, having qualified in 2003, is currently working as a pharmacist at Northern General Hospital in Sheffield.

● Tuition fees and other issues will be discussed at the BPSA's 62nd Annual Conference from April 3-10 in Birmingham.

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The National Pharmaceutical Association has announced the appointment of **Raina Jordan** as business development manager. Ms Jordan has joined the NPA from Nucare where she was account development manager.

Deborah Hutt and **Mark Collis** have joined the sales team of Doncaster Pharmaceuticals, which is part of the Mawdsley group. Ms Hutt has joined as national accounts manager from Cavendish, part of the Intercare group, where she was territory manager. Mr Collis has joined as Midlands account manager from Medihealth.

Shire Pharmaceuticals has announced the appointment of **David Kappler** as a non-executive director and a member of the company's audit committee from April 5. Mr Kappler is currently chief financial officer of Cadbury Schweppes and a non-



Clockwise from top left: Raina Jordan, David Lea, David Kappler and Louis Schweitzer

executive director of the HMV Group.

Louis Schweitzer has been appointed a non-executive director of AstraZeneca and will replace **Percy Barnevik** as non-executive chairman when he retires later this year. Mr Schweitzer is currently chairman and chief executive officer of Renault.

David Lea has joined Phoenix as group commercial manager with responsibility for group purchasing. Prior to this, Mr Lea was with CG Clark where he was responsible for sourcing and purchasing parallel imports.

Niche Generics has named **Jayne Causton** as its national sales manager. Ms Causton has been promoted within the company from the position of key account manager. Her eight years' experience in the generics industry has included positions at Bioglan.



The Bluebell Wood Children's Hospice Appeal recently received a late Christmas present from Weldricks in the form of a cheque for £623.65. This is the third year the company has donated money to the charity instead of sending corporate Christmas cards to suppliers and business associates. This year's cheque was boosted by pharmacy staff deciding to make donations rather than send cards to each other. John Towney (pictured on the left with his guide dog Warwick) of the Richard Foundation charity accepted the cheque on behalf of the hospice appeal from pharmacy assistant Linda Jones who works at the branch in Intake, Doncaster

Entrants for Nucare golf event wanted

Nucare is inviting applicants for this year's Alpharma-sponsored golf tournament.

Regional events will be at Haver Castle Golf Club in Kent on April 27, Bowood Country Club in Calne, Wiltshire on June 23, and Magnolia Park Country Club in Aylesbury, Buckinghamshire on July 7. Six qualifiers from each event will play in the final at Five Lakes Country Club in Maldon, Essex, on September 8. Call JMS Events on 01925 26-66.

Kirsten Andrew has been named Pharmacist of the Year at the Zest Pharmaceutical Awards. Ms Andrew is pharmacy and district manager for Moss Pharmacy at Settle Valley Medical Centre. Zest editor Alison Pytkkanen said: "Nearly 50 pharmacists were nominated for the title but Kirsten's efficiency in ensuring she never makes anyone wait longer than 10 minutes for their prescription made her stand out from the crowd. Her patients also said that she is very easy to talk to, and remembers everyone's names, their medical conditions and which products they are taking, so they really feel she knows them"



Marathon man needs sponsorship

Sanjay Anand of Westminster Park Pharmacy in Saltney, near Chester, will be running in next month's London Marathon to raise money for a local charity.

He and his staff have raised money for Hope House Children's Hospice for many years. On April 18 he will be running with celebrities including model Nell McAndrew, chef Gordon Ramsey, cricketer Graham Gooch and former MP Jeffrey Archer. Mr Anand is on tel: 01244 680410.

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